Confidential Program Evaluation by Residents Year _____

| Program | n Name: | | | Evaluation | Dates: | | |
|--------------------|---|------------------------|----------------------|-----------------------|---------------------------------------|--|--|
| This con effective | | o measure the perc | eption of the reside | nts regarding the F | amily Medicine Program's overall | | |
| This is a | n anonymous resident evaluation | on of the Family Med | licine Program in g | eneral. | | | |
| Please r | ate the questions below using the | ne following scale: | | | | | |
| | | | | | | | |
| | 1 (Strongly Disagree | 2 (Disagree) | 3 (Neutral) | 4 (Agree) | 5(Strongly Agree) | | |
| | add your <u>comments</u> for at least a the quality and effectiveness of | | | improvement. Any o | other comments that may serve to | | |
| 1. | Overall, this program provides to practice independently. | quality instruction wi | th progressive resp | oonsibility and level | s of supervision to prepare residents | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| | Comments: | | | | | | |
| | | | | | | | |
| 2. | Overall, I receive appropriate teaching. | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| | Comments: | | | | | | |
| | | | | | | | |
| 3. | The program changes to meet | educational needs. | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--|------------------------------|-------------------------------|--|
| Comments: | | | | |
| | | | | |
| Residents receive adequate | supervision from upper | evel residents. | | |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Comments: | | | | |
| | | | | |
| | | | | |
| Desidental weekleed is soon | | | | |
| Residents workload is appro (formerly duty hours). Strongly Disagree | opriate and complies with Disagree | n ACGME requirement Neutral | s governing clinical Agree | experience and educatio Strongly Agree |
| (formerly duty hours). Strongly Disagree | | · | | |
| (formerly duty hours). | | · | | |
| (formerly duty hours). Strongly Disagree | | · | | |
| (formerly duty hours). Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| (formerly duty hours). Strongly Disagree Comments: Education in and attention to | Disagree | Neutral | Agree | Strongly Agree |
| (formerly duty hours). Strongly Disagree Comments: Education in and attention to and resources are also avail | Disagree physician burnout, depressed | Neutral | Agree | Strongly Agree |
| (formerly duty hours). Strongly Disagree Comments: Education in and attention to and resources are also avail Strongly Disagree | Disagree physician burnout, depressed | Neutral | Agree | Strongly Agree |

| 3. | The rapport between residents and faculty is good and conducive to learning and progression toward practice without supervision. | | | | | | | |
|-----|--|--|---------|-------|----------------|--|--|--|
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| | Comments: | | | | | | | |
| | | | | | | | | |
|). | The rapport between reside | The rapport between residents is good. | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| | Comments: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 10. | There are adequate and suftraining program. | There are adequate and sufficient resources (space, staff, equipment, etc.) to support the educational requirements of the training program. | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| | Comments: | | | | | | | |
| | | | | | | | | |
| 11. | Quality of Lecture Series is high and meets educational goals of the residents | | | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| | Comments: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 2. Overall, I am satisfied with | Overall, I am satisfied with the Faculty competency and commitment to teaching. | | | | | | |
|---------------------------------|--|---------|-------|----------------|--|--|--|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| 3. I am able to raise issues a | I am able to raise issues and concerns without fear of intimidation or retaliation strongly. | | | | | | |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| Comments: | Comments: | | | | | | |
| | | | | | | | |
| 4. Overall, I am satisfied with | Overall, I am satisfied with my residency. | | | | | | |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| 5. RESIDENTS ONLY: There | RESIDENTS ONLY: There is appropriate faculty instruction and supervision of OMT procedures. | | | | | | |
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 6. | RESIDENTS ONLY: The Program supports residents in their osteopathic education (i.e. adequate time for DMT procedures, protected time for osteopathic workshops, etc.) | | | | | | |
|----|---|--|---------|-------|----------------|--|--|
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| | Comments: | | | | | | |
| | | | | | | | |
| 7. | RESIDENTS ONLY: The os | RESIDENTS ONLY: The osteopathic faculty are engaged and supportive of osteopathic residency education. | | | | | |
| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | |
| | Comments: | | | | | | |
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| 8. | Please list strengths of the program: | | | | | | |
| | Comments: | | | | | | |
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| 9. | Please list areas you would | l like to see improved: | | | | | |
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