

# ULTRASOUND ROTATION

Evaluation Form



## ROTATOR INFORMATION

Name (optional)

E-mail (optional)

Institution (optional)

Dates of Rotation

POSITIVE ASPECTS OF ROTATION? E.G. DIDACTIC SESSIONS, JOURNALCLUB ARTICLES, SCANNING SHIFTS

NEGATIVE ASPECTS OF ROTATION?

SUGGESTIONS FOR IMPROVEMENT?

POSITIVE OR NEGATIVE ASPECTS OF SPECIFIC FACULTY?

ADDITIONAL COMMENTS?