



Feedback Quality Questionnaire

1. Resident name: _____
2. Rotation Name _____ and Block # _____:
3. With regards to the **mid-rotation** feedback:
 - a. Was it performed in-person, virtual or over the phone: Y N
 - b. On-time: Y N
 - c. Who was your evaluator: _____
 - d. Was the feedback meaningful: Y N
 - i. If you selected no, do you have any suggestions for improvement

4. With regards to the **end-rotation** feedback:
 - a. Was it performed in-person, virtual or over the phone: Y N
 - b. On-time: Y N
 - c. Who was your evaluator: _____
 - d. Was the feedback meaningful: Y N
 - i. If you selected no, do you have any suggestions for improvement