

**University of Alabama at Birmingham Genetic Counseling Program
Evaluation of Clinical Rotation Site**

Student: _____
Primary ABGC Certified Supervisor: _____
Other Supervisors: _____
Site of Rotation: UAB or Other: _____
Type of Rotation: Prenatal Pediatric Cancer Other: _____
Rotation #: First Second Third Fourth Fifth Other: _____

This evaluation is to be completed by the student at the end of the rotation. This feedback is intended to be given immediately to the site and supervisor. The student is responsible for organizing a face-to-face meeting between the student and supervisor at the end of the rotation to review this form (in addition to the student's evaluation completed by the supervisor). Please also complete the anonymous survey on Task Stream, which will not be sent to the site until after graduation.

Please rate your satisfaction with the following:

OVERALL ORGANIZATION OF THE SETTING	Poor	Adequate	Good	Excellent
Pre-rotation preparation				
Orientation				
Clarity of expectations				
Discussion of evaluations				
Student space allotment				
Access to resources				
Treated respectfully and fairly				

Comments about organization:

Please rate your satisfaction with the following:

OPPORTUNITIES IN THE CLINICAL SETTING	Poor	Adequate	Good	Excellent
To observe counseling sessions				
To co-counsel sessions				
To independently counsel sessions				
To see a variety of cases				
To participate in case conference				
To interact with multiple genetics professionals				

Comments about opportunities:

Comments about ability to achieve case benchmarks:

SUPERVISOR'S FEEDBACK TO THE STUDENT

1) The quality of feedback from the supervisor was:

- _____ Very useful
- _____ Somewhat useful
- _____ Not helpful
- _____ Unconstructive or harmful; I did not feel supported

ADDITIONAL COMMENTS:

2) The timing of the feedback from the supervisor was

- _____ Appropriate and timely
- _____ Adequate
- _____ Inconsistent
- _____ Inadequate; I needed more feedback on a regular basis

ADDITIONAL COMMENTS:

3) Overall evaluations of my performance as a genetic counseling professional were:

- _____ Very helpful; I was able to see improvement
- _____ I could have used more structure to plan improvement
- _____ An evaluation of my performance was not discussed until the end of my rotation
- _____ An evaluation of my performance was not discussed at all

ADDITIONAL COMMENTS:

OTHER

4) What genetic counseling skills do you feel you learned or improved upon during this rotation?

5) Other Case Supervisors - Please comment on the usefulness of seeing patients with counselors (and MDs) other than your primary rotation supervisor:

6) Please comment on the process of goal-setting with your supervisor:

7) How could this rotation be improved to further encourage professional development of the student?

8) ADDITIONAL COMMENTS:

STRENGTHS/ WEAKNESSES

9) What are three (3) strengths of this training site?

a.

b.

c.

10) What are three (3) weaknesses of this training site or three suggestions for improving the rotation for a future student?

a.

b.

c.