

Student Rotation Survey



Student Name _____
Department/Location _____
Physician/Mid-Level(s) _____
Date of rotation with Medical Associates _____
Type of degree _____
Date of Graduation _____

We hope your experience with us has been both educational and enjoyable. Please take a few moments to provide feedback on the rotation you have just received. We value your opinions and welcome any comments or suggestions.

1. **What year of college are you currently enrolled in?** _____

2. **Was the rotation set up in a timely manner?**

Yes No Comments _____

3. **Were you given adequate information ahead of time regarding your rotation including parking, location of facility, hours of rotation, etc?**

Yes No Comments _____

4. **Would you recommend other students to complete rotations with Medical Associates?**

Yes No Comments _____

(over)

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5. Please complete the following using the scale given.

I feel the Physician/Mid Level were:

1—was not
2—was somewhat
3—was very

- ___ Knowledgeable
- ___ Thorough
- ___ Patient with student
- ___ Flexible with time
- ___ Organized
- ___ Easy to understand
- ___ Approachable when I had questions

6. What did you like *best* about the rotation?

7. What did you like *least* about the rotation?

8. What could we do better for future student rotations?

Thank you for taking the time to give us your comments and suggestions.

Please send the completed form to the Human Resources Department at Medical Associates.

If you are interested in employment with Medical Associates, please visit www.mahealthcare.com for career opportunities.