

**ELECTIVE ROTATION REFLECTION FOR  
OTOLARYNGOLOGY – HEAD AND NECK SURGERY RESIDENTS  
WESTERN UNIVERSITY**

**Resident Name:**

**Level of Training:**

**Dates of Elective:**

**Location of Elective (Institution):**

**Name of Elective Supervisor:**

**Rational for Elective:**

**1. What were your objectives for this rotation?**

---

---

---

---

**2. Did you meet your objectives ? Yes / No  
List any deficiencies:**

---

---

**3. What aspect of this rotation did you like ?**

---

---

**4. What aspects of this rotation did you dislike or feel uncomfortable with?**

---

---

Rating Scale				
1	2	3	4	5
Unsatisfactory	Satisfactory	Good	Very Good	Outstanding

- 5. Make specific comments on the rotation (include positive comments and suggestions for future improvements of the educational experience on this service). Use the reverse side for comments if necessary.**

---

---

---

---

---

---

---