



Resident Survey

You have 15 minutes to complete this section. If you do not click the "Submit Results" button below within 15 minutes of logging in, your session will be disconnected.

Please rate the quality of your education in the areas below, using the following scale:

Item #		None	Few	Some	Most	All
1	How many faculty attend and meaningfully participate in scheduled weekly conferences?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Item #		No, not this year	Once this year	2-3 times this year	4 or more times this year
2	Have you evaluated the program (i.e., rotations, curriculum, etc.) through written evaluations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Has your program director (or designee) met with you and conducted a formal review of your overall progress and performance in the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your program provide you the opportunity to:

Item #		No	Yes
4a	perform an appropriate number of procedures to be competent?	<input type="radio"/>	<input type="radio"/>
4b	direct an appropriate number of major resuscitations to be competent?	<input type="radio"/>	<input type="radio"/>
4c	become a competent Emergency Medicine physician?	<input type="radio"/>	<input type="radio"/>

Submit Results