



Resident / Fellow Survey

THE RESIDENCY REVIEW COMMITTEE FOR ANESTHESIOLOGY

You have 30 minutes to complete this section. If you do not click the "Submit results" button below within 30 minutes of logging in, your session will be disconnected.

Respond to questions 1-12 of the survey using the following scale:

[illegible]

Respond to questions 13-15 of the survey using the following scale:

	Yes	No	Don't Know / NA
13.) Has your program director reviewed your clinical experience logs at least quarterly (every three months)?	☐	☐	☐
14.) Are you satisfied with your on-call (sleeping room) facilities in terms of ALL the following: privacy, convenient location, safety, security, cleanliness, quiet, appropriate facilities for men and women, availability of a shower/bath? (NOTE: If you are unsatisfied with ANY aspect of your on-call facilities, please mark No for this question.)	☐	☐	☐
15.) Is the space provided for you to attend resident conferences and to study adequate both for amount of space (i.e. not too cramped) and environmental conditions (e.g. quiet, clean)?	☐	☐	☐