

# 2018-2019 Course Evaluation by Student - MS3/MS4



## Subject Name

Class of ----

Rotation: Location

Evaluation Dates

Evaluated by:

**Evaluator Name**

Class of ----

## SECTION I: LEARNING ENVIRONMENT

**1\* The faculty are responsive to student concerns.**

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2\* I was treated in a professional and respectful manner by faculty.**

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3\* I was treated in a professional and respectful manner by residents & staff.**

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4\* Please indicate how often you personally experienced unprofessional behavior, mistreatment or other forms of degradation of the learning environment.**

Never	Once	Occasionally	Frequently
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5 If you personally experienced any instances of mistreatment, or disrespectful or unprofessional behavior during this clerkship, please describe so that we may improve the learning environment.**

## SECTION II: CLINICAL LEARNING

**6\* How would you rate the overall quality of the teaching on this clerkship?**

Extremely Low	Low	Average	High	Extremely High
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7\* How would you rate the quality of your experiences in learning clinical skills (e.g., history taking and physical examination)?**

Extremely Low	Low	Average	High	Extremely High
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8\* How would you rate the quality of opportunities to evaluate patients independently?**

Extremely Low	Low	Average	High	Extremely High
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9\* How would you rate the quality of opportunities to participate in direct patient care?

Extremely Low	Low	Average	High	Extremely High
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10\* Were components of your history taking skills observed and critiqued?

Yes  
 No

11\* Were components of your physical examination skills observed and critiqued (or, for psychiatry, a mental status exam)?

Yes  
 No

12\* How would you rate the amount of time spent on basic science concepts taught during patient care delivery?

Extremely Low	Low	Average	High	Extremely High
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13\* How would you rate the amount of time spent in academically unproductive activities (e.g., "scut work")?

Extremely Low	Low	Average	High	Extremely High
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### SECTION III: FEEDBACK

14\* I received mid-point feedback during this rotation about my performance (good performance or areas of improvement) from faculty.

Yes  
 No

15\* How would you rate the overall quality of feedback on your performance in this clerkship?

Extremely Low	Low	Average	High	Extremely High
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### SECTION IV: INTERPROFESSIONAL AND SYSTEMS-BASED EXPERIENCES

16\* How would you rate the opportunities to work within the interdisciplinary team (e.g., social workers, nurses, PAs, nutritionists, etc.) during this clerkship?

Extremely Low	Low	Average	High	Extremely High
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17\* I was introduced to aspects of systems-based practice including cost effective care, effective use of resources (i.e., referrals), and quality improvement.

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
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### SECTION V: CLERKSHIP EXPECTATIONS, STRENGTHS AND AREAS FOR IMPROVEMENT

**18\* Please rate the overall quality of this course/clerkship.**

Extremely Low	Low	Average&nbsp;	High	Extremely High
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**19 What about this clerkship contributed most to your learning?**

**20 How might this clerkship be improved?**