JOAN C. EDWARDS SCHOOL OF MEDICINE 2018-2019 Course Evaluation by Student - MS1/MS2



Subject Name Class of ----Rotation: Location Evaluation Dates

Evaluated by:

Evaluator Name

Class of ----

GENERAL

1* The course content is well integrated across the covered systems.

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | 0 | 0 |

2* Overall the course strengthened my knowledge and/or skills in this content area

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|------------|---------|------------------|
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3* Learning objectives for this course were clearly communicated

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | 0 | O |

4* The course assessment reflected the course content

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
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5* Course content reflected the stated learning objectives

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | Ô | 0 |

6* Course content emphasized the application of basic and/or behavioral science concepts to clinical situations

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | 0 | 0 |

7* Summative and formative assessment provide feedback and improve my learning.

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | 0 | 0 |

8* Course communications, logistics and scheduling are satisfactory.

| Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---------------------|------------|-----------|---------|------------------|
| 0 | 0 | 0 | O | 0 |

OVERALL

9 Please provide comments about the strengths of this course.

10 Please provide constructive comments about opportunities for improvement.

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

| Extremely Low | Low | Average | High | Extremely High |
|---------------|------------|---------|------|----------------|
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