

2018-2019 Course Evaluation by Student - MS3/MS4



Subject Name

Class of ----

Rotation: Location

Evaluation Dates

Evaluated by:

Evaluator Name

Class of ----

GENERAL

1 The volume and diversity of procedures and patient encounters are sufficient to fulfill the requirements of this clerkship

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



2 The clerkship material and lectures match the goals and objectives of this clerkship

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



3 The required textbook(s) or other reading material help me to understand the topics presented in this clerkship

- Yes
 No

4 This clerkship incorporates concepts and techniques of assessing and improving the management of patients

- Yes
 No

5 I was provided useful feedback regarding my academic and clinical performance during this clerkship

- Yes
 No

OVERALL

6 Please provide comments about the strengths of this clerkship

7 Please provide constructive comments about opportunities for improvement

8 Please rate the overall quality of this course/clerkship.

Extremely Low	Low	Average nbsp;	High	Extremely High
---------------	-----	--------------------	------	----------------

