



\* indicates a mandatory response

# LLU School of Medicine Student Evaluation of Applied Preventive Medicine Orientation

**\*\*\*\*\* Please complete each section only if you attended that specific session. \*\*\*\*\***

## Introduction to Applied Preventive Medicine Portfolio

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This lecture met clearly defined learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This lecturer was effective at communicating and engaging my interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This learning experience will be useful in my future practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any affirmations and/or suggestions for improvement.

## Preventive Medicine Practice Test Exam Review

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This lecture met clearly defined learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This lecturer was effective at communicating and engaging my interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This learning experience will be useful in my future practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any affirmations and/or suggestions for improvement.

## Motivational Interviewing Lecture

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This lecture met clearly defined learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This lecturer was effective at communicating and engaging my interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This learning experience will be useful in my future practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any affirmations and/or suggestions for improvement.

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## Motivational Interviewing Small Group

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This lab met clearly defined learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The moderator was effective at communicating and engaging my interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This learning experience will be useful in my future practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any affirmations and/or suggestions for improvement.

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### The following will be displayed on forms where feedback is enabled...

*(for the evaluator to answer...)*

\*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

*(for the evaluatee to answer...)*

\*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No