



\* indicates a mandatory response

# LLU School of Medicine Student Evaluation of Clerkship Site

## Educational Program:

### 1. I received mid-course feedback or evaluation.

- No
- Yes

### 2. Rate how this clerkship contributed to my ability to care for patients in the following areas:

	N/A	Poor	Average	Good	Excellent
- Interviewing and history taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Developing an assessment and treatment plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. I received feedback about my final performance within 4 weeks of completing the clerkship.

- No
- Yes

### 4. Please mark the areas of professionalism that were emphasized during this clerkship:

- Taking ownership for my choices, attitudes and behaviors
- Demonstrating compassion, integrity and respect for others, including sensitivity to a diverse patient population
- Importance of fulfilling my obligation to patients, colleagues and society

### 5. Rate the effectiveness of the following learning experiences.

	N/A	Poor	Average	Good	Excellent
Simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small group(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OSCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent reading/resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resident teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*6. Please provide commendations and/or suggestions for improvements in the educational program (e.g. mid-clerkship and final feedback, history taking, physical, DDx, treatment, professionalism, types of learning experiences).

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