

**Student Evaluation of Course, Clinical****• Insufficient contact to evaluate** (delete evaluation)

Please consider the entire course when completing this evaluation.

**Indicate your level of satisfaction with the following:**

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	NA
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1. Course director\*

<input type="radio"/>				
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2. Course orientation\*

<input type="radio"/>				
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3. Organization and management of course\*

<input type="radio"/>				
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4. Clarity of course objectives\*

<input type="radio"/>				
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5. Achievement of course objectives\*

<input type="radio"/>				
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6. Educational conferences (didactic sessions)\*

<input type="radio"/>				
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7. Student workload\*

<input type="radio"/>				
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8. Compliance with duty hour regulations\*

<input type="radio"/>				
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9. Opportunities for independent learning\*

<input type="radio"/>				
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10. Assessment of clinical skills\*

<input type="radio"/>				
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11. Adequacy of education in caring for patients from different backgrounds\*

<input type="radio"/>				
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12. Adequacy of interprofessional education experiences\*

<input type="radio"/>				
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**Formative Feedback** Yes No

13. Were you observed taking the relevant portions of the patient history?\*

<input type="radio"/>	<input type="radio"/>
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14. Were you observed performing the relevant portions of the physical or mental status exam?\*

<input type="radio"/>	<input type="radio"/>
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15. Were you provided with mid-course feedback?\*

<input type="radio"/>	<input type="radio"/>
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**Overall**

Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Quality of your overall educational experience during this course\*

18. Overall comments regarding this course \*

\* Required fields    Option description (place mouse over field to view)

**Submit Completed Evaluation** 