

Student Evaluation of Service/Site, Clinical~~• Insufficient contact to evaluate (delete evaluation)~~

1. Name of service/site: *

Indicate your level of satisfaction with the following:

| Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied | NA |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

2. Organization and management of service/site*

3. Adequacy of safety and security*

4. Adequacy of secure storage space for personal belongings*

5. Access to patients*

Teaching and Supervision

| Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

6. Overall, faculty provided effective teaching and supervision*

7. Overall, residents/fellows provided effective teaching and supervision*

8. Non-physician health care professionals provided effective involvement in education*

9. I was included as part of the patient care team with appropriate levels of responsibility*

Professionalism

| Strongly Disagree | Disagree | Agree | Strongly Agree | N/A |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

10. Members of the health care team were treated with dignity and respect*

11. Patients were treated with dignity and respect*

12. The professional behaviors/attitudes demonstrated by the faculty were consistent with what I was taught.*

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

Overall

| | | | |
|------|------|------|-----------|
| Poor | Fair | Good | Excellent |
|------|------|------|-----------|

13. Overall rating of the service/site*

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|

14. Overall comments about this service/site *

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

Submit Completed Evaluation 