

**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
1. Course director*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Course orientation*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Organization and management of course*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clarity of course objectives*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Achievement of course objectives*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Educational conferences (didactic sessions)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Student workload*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Compliance with duty hour regulations*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Opportunities for independent learning*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Assessment of clinical skills*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Adequacy of education in caring for patients from different backgrounds*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Adequacy of interprofessional education experiences*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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**

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

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

18. Overall comments regarding this course \*

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

Submit Completed Evaluation 