

Student Evaluation of Course, Pre-Clerkship

⊖ 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Course director(s)*

2. Course director(s) - Comments

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4. Course communication*

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

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9. Coordination/integration of content*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Illustrations of clinical relevance*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11. Frequency of assessments*

Teaching

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	NA
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12. Overall quality of teaching*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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13. Overall teaching - comments *

Overall

14. Strengths of this course

15. Areas of improvement for this course

16. Overall comments about this course *

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"/>

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

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