Course/Clerkship Improvement Form

Name of Course, Module, or Clerkship:

A.

B.

C.

D.

F.

Based on your review of recent student feedback, you are asked to identify several key strengths and several key areas for improvement in your course, module, or clerkship. In addition, provide a list of action items for continued improvement. Consider any relevant data sources, such as: course evaluation reports, aggregate exam performance, end-of-year surveys, etc., to identify strengths and areas for improvement.

1. Identify and list key strengths based on the most recent feedback.	
2. Identify and list key areas for improvement based on the most recent feedback.	
3. Provide a list of action items for continued improvement, including timeline. Include any other needs, suggestic or comments. Use an additional sheet if needed.	ons
4. Please describe the type(s) and amount of formative feedback provided to students throughout the course. Consider student perceptions of quality.	
5. I have provided course learning objectives to all who teach in my course (including residents and teaching assistants) and have directed them to complete the MERL acknowledgement.	i

Please submit the completed form within three weeks of receipt. Contact the Associate Dean of Medical Education for assistance.