

**ELECTIVE/CLERKSHIP EVALUATION BY MEDICAL STUDENT**

Elective/Clerkship: \_\_\_\_\_

DEPARTMENT

Month: \_\_\_\_\_ YEAR: \_\_\_\_\_ BLOCK: \_\_\_\_\_

We appreciate you choosing our campus to attend your rotation(s). Please provide us with information that will assist us continuing the highest standards we strive to maintain in our educational programs.

**\*Please CHECK the appropriate number to describe your experience in the areas below.**

**(5) – Excellent/Most Effective (4) – Fairly Effective (3) – Neutral (2) – Somewhat Effective (1) – Least Effective**

	5	4	3	2	1	N/A
Faculty						
Residents						
Administrative/Office Staff						
Nursing Staff						
Library Access/Materials						
Other Students						
Dining Room/Cafeteria						
Security/Door Access						
Housing						
OTHER						

*\*If you rate any areas at a 1 or 2, please list details in the space provided.*

Specific Details: \_\_\_\_\_

\_\_\_\_\_

1) **IF YOU COULD CHANGE ANYTHING TO IMPROVE THIS ROTATION, WHAT WOULD IT BE?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) **HOW WOULD YOU RATE THE OVERALL EFFECTIVENESS OF THE ROTATION? (Circle One)**

5                      4                      3                      2                      1

Excellent/Most Effective      Fairly Effective      Neutral      Somewhat Effective      Least Effective

3) DID YOU UTILIZE THE SKILLS LAB? Yes or No  
(Circle One)

IF SO, WHAT ARE YOUR COMMENTS?

---

---

4) DID YOU UTILIZE THE SIMULATION (SIM) LAB? Yes or No  
(Circle One)

IF SO, WHAT ARE YOUR COMMENTS?

---

---

5) WERE YOU EXPOSED TO HANDS-ON ULTRASOUND EDUCATION? Yes or No  
(Circle One)

IF SO, WHAT ARE YOUR COMMENTS?

---

---

6) PLEASE LIST ANY CONCERNS AND/OR ATTRIBUTES FOR THIS ROTATION.

---

---

7) ON A SCALE FROM 1 to 5 (5-Best/1-Least) HOW WOULD YOU RATE THE FOLLOWING?

Teaching Residents: \_\_\_\_\_ Teaching Faculty: \_\_\_\_\_

8) DID YOU SPEND TIME WITH THE DEPARTMENT CHAIR? Yes or No (Circle One)

IF SO, HOW MUCH? (Check One)

Considerable Amount \_\_\_\_\_ Average Amount \_\_\_\_\_ Very Little \_\_\_\_\_

WE VALUE OUR TEACHING STAFF. EACH YEAR TEACHING AWARDS ARE SELECTED BY MEDICAL STUDENTS TO RECOGNIZE OUTSTANDING RESIDENT AND FACULTY TEACHERS. THESE AWARDS ARE KNOWN AS THE "BARONESS AWARDS FOR TEACHING EXCELLENCE."

IN DECEMBER OF EACH YEAR THE RATINGS ARE TOTALED AND THE AWARDS ARE GIVEN TO THOSE RECEIVING THE MOST NOMINATIONS. \*THIS IS YOUR CHANCE TO VOTE

PLEASE LIST BELOW YOUR CHOICES FOR THESE AWARDS:

List 2 for each category & rate them on a scale from 1 to 5 (5 - BEING YOUR "BEST" & 1 - BEING YOUR "LEAST")

	NAMES	RATE (1 - 5)
<u>Best Teaching Resident:</u>	_____	_____
	_____	_____
<u>Best Teaching Faculty:</u>	_____	_____
	_____	_____

9) If you were not housed in UT housing, do you have housing recommendations we could pass on to future students?

WILL YOU GO BACK AND RECOMMEND THIS ROTATION TO YOUR PEERS? YES \_\_\_\_\_ NO \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE!