

1.) How satisfied were you with the following aspects of your Personalized Education Plan experience?

A.) Scheduling/Enrollment Process

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

B.) Advising Process/Availability

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

C.) Variety of Courses

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

D.) Availability of Courses

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

E.) Patient Exposure

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

F.) Clinical/Faculty Exposure

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

G.) Ability to meet my “Personalized Learning” needs

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

H.) Overall satisfaction with my PEP experience

| | |
|------------------|--|
| Very Unsatisfied | |
| Unsatisfied | |
| Neutral | |
| Satisfied | |
| Very Satisfied | |

2.) **As a result of the PEP experience, how will this affect your practice of medicine?**

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| Comments |
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3.) **What offering(s) was/were not available in the PEP curriculum that you would have wanted?**

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| Comments |
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4.) **What do you feel were the beneficial aspect(s) of the PEP experience?**

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| Comments |
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5.) **What do you feel were the least beneficial aspect(s) of the PEP experience?**

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| Comments |
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6.) **How can the PEP experience be improved to better serve you?**

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| Comments |
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7.) **How can the advising process be improved to better serve you?**

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| Comments |
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8.) **Based on your PEP experience in comparison to previous educational experiences, how likely are you to recommend this educational experience to a colleague?**

| | |
|------------|--|
| Definitely | |
| Probably | |
| Maybe | |

End of Report