

Y3 End of Clerkship Feedback Class of **XXXX**

XX Title of XX CLERKSHIP

Number of Responses:

Question	Average	Count of Responses				
5 Excellent; 4 Very Good; 3 Good; 2 Fair; 1 Poor - Rating Scale		5	4	3	2	1
1a. What is your overall rating of this clerkship and why?						
Comments						
Question	Average	Count of Responses				
5 Excellent; 4 Very Good; 3 Good; 2 Fair; 1 Poor - Rating Scale		5	4	3	2	1
1b. What is your overall rating of this clerkship's director and why?						
Comments						
Questions	Average	Count of Responses				
5 Excellent; 4 Very Good; 3 Good; 2 Fair; 1 Poor - Rating Scale		5	4	3	2	1
1c. What is your overall rating of this clerkship's nurse educator and why?						
Comments						
2. What would you do to change this learning experience for future years?						
Comments						
3. What were the strengths of this clerkship?						
Comments						
4. Did the clerkship accomplish your goals by helping you socialize into medicine as a profession?						
	No					
	Yes					
Comments (If no, why not?)						
5. Did the clerkship accomplish your goals by helping you find your specialty?						
	No					
	Yes					
Comments (If no, why not?)						
6. Did you receive written narrative feedback (use of the on-the-fly form) AT LEAST weekly?						
	No					
	Yes					
Comments						
7. Was the workload appropriate for your learning needs?						
	No					
	Yes					
Comments						
8. Did you actively participate in patient care?						
	No					
	Yes					
Comments (If no, why not?)						

9. Were your assigned responsibilities commensurate with your training?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Comments (If no, why not?)

10. Were you observed doing a history and physical during this rotation?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

11. Did you received mid-clerkship feedback on this rotation?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

12. What learning resources did you use? (Examples: Case Studies books, CCC videos, UMed videos, departmentally created videos, peers?)

Comments

13. Which of those learning resources was most helpful to you?

Comments

14. Have you personally witnessed or experienced student abuse during this clerkship?

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

Comments – (Description of any student abuse you witnessed or experienced.)