UC RIVERSIDE School of Medicine

Student Evaluation of Doctoring 1 and 2

Medical student evaluations of courses provide UCR SOM vital feedback about the quality of our education programs and enable us to design learner-centered improvements. These evaluations are anonymous and are returned to SOM leadership, block and clerkship directors, and site leaders in de-identified aggregated form only after grades have been released.

Instructions: In my experience, this course:

| | additions. In my experience, this course. | Unsatisfactory | Satisfactory | Very Good | Excellent | Not observed or unable to assess | |
|--|---|----------------|--------------|------------|------------|-------------------------------------|--|
| 1. | Provided clear learning objectives, expectations, and grading criteria at the start of the course.* | 0 | 0 | 0 | 0 | 0 | |
| 2. | Provided a course director who was committed to student learning and responded to student concerns.* | 0 | 0 | 0 | 0 | 0 | |
| 3. | Provided a course coordinator who was committed to student learning and responded to student concerns.* | 0 | 0 | 0 | 0 | 0 | |
| 4. | Ensured that I was treated like a valuable member of the group.* | \bigcirc | 0 | 0 | 0 | 0 | |
| 5. | Assigned me work tasks relevant to patient care and course learning objectives.* | 0 | 0 | 0 | 0 | 0 | |
| 6. | Integrated relevant basic science content (i.e., pharmacology, biochemistry, anatomy, physiology, pathology, etc.) into the course.* | 0 | 0 | 0 | 0 | 0 | |
| 7. | Graded me fairly, based on accurate assessment of my performance and free of bias.* | \bigcirc | 0 | 0 | 0 | 0 | |
| 8. | Fostered my growth and development as a physician-in- training.* | \bigcirc | 0 | 0 | 0 | 0 | |
| 9. | Ensured that the simulation center provided a positive learning experience.* | 0 | 0 | 0 | 0 | 0 | |
| Competency-based Items In my experience, this clerkship gave me opportunities to: | | | | | | | |
| | | Unsatisfactory | Satisfactory | Very Good | Excellent | Not observed or unable to assess | |
| 10. | Improve my history taking skills. (Patient Care)* | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| 11. | Expand my knowledge of core topics in this field. (Knowledge for Practice)* | 0 | 0 | 0 | 0 | 0 | |
| 12. | Improve my clinical reasoning (e.g., differential diagnosis, diagnostic/management plans). (Practice-based Learning and Improvement)* | 0 | 0 | 0 | 0 | 0 | |

| | Strongly Disagree | gly Disagree Disagree | | Neither | | Agree | Strongly Agree |
|---|-------------------|-----------------------|--------------|---------|----|-----------|-------------------------------------|
| Improve how I exchange information to effectively collaborate with patients, their families, and health professionals. (Interpersonal and Communication Skills)* | 0 | 0 | | | | 0 | 0 |
| | Unsatisfactory | Satisfacto | Satisfactory | | od | Excellent | Not observed or unable to assess |
| 14. Carry out professional responsibilities and adhere to ethical principles. (Professionalism) | 0 | 0 | | 0 | | 0 | 0 |
| Learn about the larger context and system of health care. (Systems-based Practice) | 0 | 0 | | 0 | | 0 | 0 |
| Develop the qualities required to sustain lifelong personal and professional growth. (Personal and Professional Development) | 0 | 0 | 0 | | | 0 | 0 |
| | Strongly Disagree | Disagree | e | Neithe | er | Agree | Strongly Agree |
| I am confident that I am acquiring the communication skills necessary to interact with patients and perform a medical history in a clinical setting. | 0 | 0 | | 0 | | 0 | 0 |
| Instructions: Please provide feedback on this rotation in the following areas: | | | - | | | | |
| | No | Yes | | | | | |
| I was provided feedback in a written form at the end of the Block.* | 0 | \bigcirc | | | | | |
| | No | Yes | | N/A | | | |
| 19. I was observed performing the relevant portions of a patient history and received feedback on my performance.* | 0 | \bigcirc | | 0 | | | |
| 20. Please provide comments about the observed history. | | | | | | | |
| | No | Yes | | | | | |
| 21. All faculty, staff, students, trainees and patients were treated equitably and respectfully during this rotation no matter their race, ethnicity, country of origin, disabilities, gender, age, sexual and gender identification, religion or economic background.* | 0 | 0 | | | | | |
| 22. Please provide comments about the climate of respect and equity during this rotation.* | | | | | | | |

| | No | Yes | Explanation: Examples of mistreatment include: being publicly | | | |
|---|--------------------|------------------|---|--|--|--|
| 23. At any time during this clerkship, did you experience mistreatment by a faculty member, by another institution employee or staff member, or by a fellow student? (Please do not include behaviors exhibited by patients.)* | 0 | 0 | humiliated, threatened with physical harm, physically harmed, required to perform personal services, subjected to unwanted sexual advances, asked to exchange sexual favors for grades/other rewards, denied opportunities for training or rewards based on gender, subjected to offensive sexist remarks/names, received lower grades/assessments solely because of gender rather than performance, denied opportunities for training or rewards based on race or ethnicity, subjected to racially or ethnically offensive remarks/names, received lower grades/assessments solely because of race or ethnicity rather than performance, denied opportunities for training or rewards based on sexual orientation, been subjected to offensive remarks/names related to sexual orientation, received lower grades/assessments solely because of sexual orientation rather than performance, been subjected to negative or offensive behavior(s) based on my personal beliefs or personal characteristics other than my gender, race/ethnicity, or sexual orientation. | | | |
| 24. Please provide comments about any mistreatment during this rotation (if you selected "No" on the previous question, please write N/A for this response.)* | | | | | | |
| Please note that you may report mistreatment through this | link: https://soms | a.ucr.edu/som-ha | andbook#maltreatment or by mail to grievance@medsch.ucr.edu. | | | |
| 25. What were the greatest strengths of this course? | | | | | | |
| 26. If you were the course director, what changes would you make to this course? | | | | | | |
| Thank you for providing a timely and constructive evaluation of this course! | | | | | | |

*Required fields