

Student Evaluation of Clinical Skills 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:

	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 rotation.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Provided a course director who was committed to student learning and responded to student concerns.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Provided a course coordinator who was committed to student learning and responded to student concerns.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Made sure that I had clinical supervision whenever I needed it.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Integrated relevant basic science content (i.e., pharmacology, biochemistry, anatomy, physiology, pathology, etc.) into the course.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Graded me fairly, based on accurate assessment of my performance and free of bias.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Assigned me work tasks relevant to patient care and clerkship learning objectives.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Ensured that the simulation center provided a positive learning experience.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Fostered my growth and development as a physician-in-training.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 clinical skills (e.g., history, physical, procedures). (Patient Care)*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Improve my clinical reasoning (e.g., differential diagnosis, diagnostic/management plans).*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Improve how I exchange information to effectively collaborate with patients, their families, and health professionals.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
13. I am confident that I am acquiring the skills necessary to perform an appropriate physical examination in a clinical setting.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions: Please provide feedback on this rotation in the following areas:					
	No	Yes			
14. I was provided feedback during the teaching sessions and after the Mock OSCE.*	<input type="radio"/>	<input type="radio"/>			
	No	Yes	I did not receive mid-course feedback		
15. The person who provided the feedback had direct knowledge of my performance.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
16. Please provide a comment about the feedback.					
	No	Yes			
17. I was observed performing the relevant portions of a patient history and physical examination by faculty and/or patient instructors.*	<input type="radio"/>	<input type="radio"/>			
18. Please provide comments about the about the feedback you received.*					
	No	Yes			
19. 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.*	<input type="radio"/>	<input type="radio"/>			

20. Please provide comments about the climate of respect and equity during this rotation.*	
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Explanation: Examples of mistreatment include: being publicly 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.

	No	Yes	
21. 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.)*	<input type="radio"/>	<input type="radio"/>	

22. Please provide comments about any mistreatment during this rotation.	
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Please note that you may report mistreatment through this link: <https://somsa.ucr.edu/som-handbook#maltreatment> or by mail to grievance@medsch.ucr.edu.

23. What were the greatest strengths of this course?	
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24. If you were the course director, what changes would you make to this course?	
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Thank you for providing a timely and constructive evaluation of this course!

*Required fields