

Student Evaluation of LACE 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: Please rate this rotation & classroom elective in the following areas:					
	Unsatisfactory	Satisfactory	Very Good	Excellent	Not observed or unable to assess
 Provided clear learning objectives, expectations and grading criteria at the start of the rotation.* 	G 0	0	0	0	0
 Oriented me to how the clinical site(s) worked during this clerkship and clarified to me my role as a student at the site(s).* 	0	0	0	0	0
3. Provided a site faculty leader who was committed to studer learning and responded to student concerns.*	ont O	0	0	0	0
4. Provided a clerkship/LACE director who was committed to student learning and responded to student concerns.*	0	0	0	0	0
Provided a clerkship/LACE coordinator who was committed to student learning and responded to student concerns.*	0	0	0	0	0
6. Ensured that I was treated like a valuable member of the team.*	0	0	0	0	0
7. Assigned me work tasks relevant to patient care and clerkship learning objectives.*	0	0	0	0	0
8. Made sure that I had clinical supervision whenever I needed it.*	0	0	0	0	0
 Integrated relevant basic science content (i.e., pharmacology, biochemistry, anatomy, physiology, pathology, etc.) into the clerkship.* 	*	0	0	0	0
 Graded me fairly, based on completion of assigned deliverables, and free of bias.* 	0	0	0	0	0
11. Ensured that my assigned clinical site(s) provided a positive learning experience.*	0	0	0	0	0
12. Fostered my growth and development as a physician-in-training.*	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
13. Discuss clinical reasoning with my preceptor (e.g., differential diagnosis, diagnostic/management plans) (Practice-based Learning & Improvement) (Patient Care)*	0	0	0	0	0
 Expand my knowledge of core topics in this field. (Knowledge for Practice)* 	\circ	\circ	0	0	0
15. Improve my clinical reasoning (e.g., differential diagnosis, diagnostic/management plans). (Practice-based Learning & Improvement)*	0	0	0	0	0
16. Improve how I exchange information to effectively collaborate with patients, their families, and health professionals. (Interpersonal & Communication Skills)*	0	0	0	0	0
 Carry out professional responsibilities and adhere to ethical principles. (Professionalism)* 	\circ	\circ	0	0	0
 Learn about the larger context and system of health care. (Systems-based Practice)* 	\circ	0	0	0	0
 Develop the qualities required to sustain lifelong personal and professional growth. (Personal & Professional Development)* 	0	\circ	0	0	0
Instructions: Please provide feedback on this rotation in the followi	ng areas:				
	No	Yes			
 A faculty member provided me with mid-clerkship feedback during this clerkship.* 	\circ	\circ			
Mid-Clerkship Feedback (December – January of LACE Years I & II Please note: N/A means "I did not receive mid-clerkship feedback."					
	No	Yes	N/A		
21. If I did receive mid-clerkship feedback, the faculty member who conducted the feedback session had direct knowledge of my performance.*	0	0	0		
22. Please provide a comment about the mid-clerkship feedback.					

	No	Yes	
23. 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	
24. Please provide comments about the climate of respect and equity during this rotation.*			
	No	Yes	
25. At any time during this clerkship, did you experience possible mistreatment?*	0	0	
26. If you did experience mistreatment, please indicate in which way(s) and explain in the comment box below. (Examples: Belittled or humiliated; Spoke sarcastically or insultingly to me; Subjected me to offensive sexist remarks or names; Engaged in discomforting humor; Denied me training opportunities because of my gender; Denied me training opportunities because of my ethnicity; Denied me training opportunities because of my sexual orientation; Required me to perform personal services (i.e., babysitting, shopping); Threw instruments/bandages, equipment, etc.; Threatened me with physical harm (e.g., hit, slapped, kicked); Created a hostile environment for learning.			
27. Please provide comments about any mistreatment during this rotation.			
Please note that you may report mistreatment through this link: h	ittps://somsa.ucr.edu	/som-handbook#maltre	eatment or by mail to grievance@medsch.ucr.edu.

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

^{*}Required fields