UC RIVERSIDE School of Medicine

Student Evaluation of Clerkships (LACE 3)

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 Clerkship in the following areas, in my experience this Clerkship:					
	Unsatisfactory	Satisfactory	Very Good	Excellent	Unable to assess
 Provided clear learning objectives, expectations and grading criteria at the start of the rotation.* 	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 student learning and responded to student concerns.*	0	0	0	0	0
 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
 Ensured that I was treated like a valuable member of the team.* 					
 Assigned me work tasks relevant to patient care and clerkship learning objectives.* 	0	0	0	0	0
 Made sure that I had clinical supervision whenever I needed it.* 	\bigcirc	0	0	0	0
 Integrated relevant basic science content (i.e., pharmacology, biochemistry, anatomy, physiology, pathology, etc.) into the clerkship.* 	0	0	0	0	0
 Graded me fairly, based on accurate assessment of my performance, free of bias.* 	0	0	0	0	0
 Ensured that my assigned clinical site(s) provided a positive learning experience.* 	0	0	0	0	0
 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	Unable to Assess
 Improve my clinical skills (e.g., history, physical, procedures) and care for my patients independently. (Patient Care)* 	0	0	0	○*	0

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No	Yes	N/A		
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25. Please provide a comment about the Observed Clinical Encounter (OCE):*					
	No	Yes			
26. 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			
27. Please provide comments about the climate of respect and equity during this rotation.*					
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 sexual orientation, been subjected to offensive remarks/names related to sexual orientation, received lower grades/assessments solely because of sexual orientation, received lower grades/assessments solely because of 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.					
28. 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			
29. Please provide comments about any mistreatment during this rotation. Please note that you may report mistreatment through thi					

30. What were the greatest strengths of this clerkship?			
31. 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 clerkship!			

*Required fields