

Student Evaluation of Pre-Clerkship Course

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 and classroom elective in the following areas: | | | | | | | | | |
|--|----------------|------------|--------|------------|-----------|----------------------------------|--|--|--|
| | Unsatisfactory | Satisfacto | ory V | ery Good | Excellent | Not observed or unable to assess | | | |
| 1. Provision of clear learning objectives and expectations at the start of the course.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 2. Provision of clearly defined grading criteria at the start of the course.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 3. Provision of course materials was prompt.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 4. Topics were presented in a clear and organized manner.* | \circ | 0 | | \bigcirc | \circ | 0 | | | |
| Commitment of the course director to student learning and development.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 6. Responsiveness of course director to student concerns.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 7. Effectiveness of required instructional sessions (e.g., conferences, lectures, small group sessions) and resources (e.g., readings, online modules, point of care tools) in helping you acquire new knowledge.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 8. Grading was fair, based on accurate assessment of my performance and free of bias.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 9. The course director provided a positive learning experience.* | 0 | 0 | | 0 | 0 | 0 | | | |
| 10. The course overall fostered your growth and development as a physician.* | 0 | 0 | | 0 | 0 | 0 | | | |
| | No | Yes | Unsure | | | | | | |
| 11. Did the course's weekly quizzes provide you with formative feedback during the block?* | 0 | \circ | 0 | | | | | | |
| 12. Did you modify your study behavior based on the course's weekly quizzes?* | 0 | 0 | 0 | | | | | | |
| | No | Yes | | | | | | | |
| 13. Was this course beneficial?* | 0 | 0 | | | | | | | |
| 14. Would you recommend this course?* | \bigcirc | \circ | | | | | | | |

| 15. | All faculty, staff, students, trainees and patients were treated equitably and respectfully during this course no matter their race, ethnicity, country of origin, disabilities, gender, sexual and gender identification, religion or economic background.* | 0 | 0 | |
|-----|---|---|---|--|
| 16. | At any time during this course, did you experience possible mistreatment?* | 0 | 0 | |
| 17. | 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. Note: if you selected "No" on the previous question, please write N/A for this response.* | | | |
| 18. | What were the greatest strengths of this course? | | | |
| 19. | If you were the course director, what changes would you make to this course? | | | |

^{*}Required fields