

Student Evaluation of Teaching

(Clerkship, LACE, Community-Based Experience, 4th Year Clerkship, Selective)

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.

1. Please enter the name of the rotation site (i.e., Kaiser Fontana, Riverside University Health System, etc.) in the space provided below.*

	Inpatient clinical teaching	Outpatient clinical teaching	Small-group active learning/ case discussion (<12 participants)	Large-group active learning/case discussion (≥12 participants)	Scholarly activity mentoring	Lecture	Other – please explain
2. Please identify the type of teaching you are evaluating.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please enter the start and end dates of teaching evaluated in this form (for example, 7/1/21 – 7/30/21)*

	No contact	Minimal (Brief, informal contact or discussions, or contact with this teacher as a presenter at one or more group teaching sessions)	Some (Contact through consultation or discussion, or presenter at one or more group teaching sessions)	Moderate (Classroom/ward/consult/clinic teacher for less than two weeks, and/or frequent group teaching presenter)	Frequent (Classroom/ward/consult/clinic teacher for less than two weeks, and/or frequent group teaching presenter)
4. The amount of contact I had with this teacher was.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Poor Bottom 20% of teachers	Fair 20 th – 40 th percentile of teachers	Good 40 th – 60 th percentile of teachers	Very Good 60 th – 80 th percentile of teachers	Excellent Top 20% of teachers	Insufficient Contact (N/A)
5. On a scale of 1-5, I would rate my experience with this teacher as.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please evaluate the instructor's teaching skills by selecting the appropriate rating below:

This teacher ...

	Unsatisfactory	Satisfactory	Very Good	Excellent	Not observed or unable to assess
6. conveyed their expectations.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. demonstrated interest in teaching and allotted time for it.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. encouraged students to formulate and pursue learning goals.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. consistently demonstrated how to perform clinical skills and gave students adequate supervision.*					
10. actively engaged students in discussion.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. asked students questions aimed at increasing their understanding.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. gave frequent constructive feedback.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. showed support and respect for students and all others.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. created a safe learning environment.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. This teacher served as a role model of a health professional students would like to become.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
16. Has this teacher provided health and/or psychiatric/psychological services for you?*	<input type="radio"/> No, this teacher has not provided health and/or psychiatric/psychological services for me.	<input type="radio"/> Yes, this teacher has provided health and/or psychiatric/psychological services for me.

17. Please provide constructive narrative comments about this teacher's strengths:	
18. Please provide constructive narrative comments about how this teacher can improve:	

Thank you for providing a timely and constructive evaluation of your teacher!

*Required fields