

**Keck School of Medicine
Student Critique of Selective and Electives**

Student Name _____

Name of Selective/Elective _____ **Dates** _____

Location/Site _____ **Check One** **Selective** **Elective**

Directions: Please answer all items below. Your input is essential. All questions are answered using a strongly agree to strongly disagree scale. 5 = Strongly Agree; 4 = Agree; 3 = Neutral; 2 = Disagree; 1 = Strongly Disagree NA = Not Applicable or Unable to Answer

		Enter # using scale noted above
1.	I was provided an orientation on the first day that provided the information needed to perform successfully in the s/elective	
2.	The objectives were clear and achievable	
3.	The number and variety of patients seen by me on this s/elective was sufficient to meet the objectives	
4.	The assigned activities including individual assignments/projects helped me develop knowledge/skills/confidence needed to meet the objectives	
5.	I received feedback in a timely manner to help me improve my performance	
6.	I was treated as a valuable member of the team	
7.	Overall, this was a valuable experience that I would recommend to other students	

Directions: Rate the teaching of the five faculty/residents/staff who had the greatest impact (positive or negative) on your learning. Use the following scale: 5=outstanding; 3=adequate; 1=very poor

Name	Position Fac/Res	Contact Hrs/wk	Overall Evaluation				
			5	4	3	2	1

Describe the two most valuable things that you have gained in terms of your own growth during this selective/elective.

Comments (i.e., most valuable components, suggestions for the improvement):