Name of Selective/Elective ______________________   Date ____________
Check One ____Selective ____ Elective                              Site __________________________

Keck School of Medicine
Student Evaluation of Selective and Electives

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 Agree   NA = Not Applicable or Unable to Answer

1. I was provided an orientation on the first day that provided the information needed to perform successfully in the s/elective 5   4   3   2    1  NA

2. The objectives were clear and achievable 5   4   3   2    1  NA

3. The number and variety of patients seen by me on this s/elective was sufficient to meet the objectives 5   4   3   2    1  NA

4. The assigned activities including individual assignments/projects helped me develop knowledge/skills/confidence needed to meet the objectives 5   4   3   2    1  NA

5. I received feedback in a timely manner to help me improve my performance 5   4   3   2    1  NA

6. I was treated as a valuable member of the team 5   4   3   2    1  NA

7. Overall, this was a valuable experience that I would recommend to other students 5   4   3   2    1  NA

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Fac/Res</th>
<th>Contact Hrs/wk</th>
<th>Overall Evaluation</th>
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Describe the two most valuable things that you have gained in terms of your own growth during this selective/elective

1. 

2.

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

1. 

2.