

Peds

Questionnaire

1. How consistent was feedback on your performance? (1-very poor 2-poor 3-average 4-good 5-very good)
2. How helpful was your midcore evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
3. How was the review of your patient logs? (1-very poor 2-poor 3-average 4-good 5-very good)
4. How was your end of the rotation communication skills and final assessment evaluation? (1-very poor 2-poor 3-average 4-good 5-very good)
5. How well did the clerkship fulfill the goals and objectives described at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
6. How well were the clerkship goals, objectives and requirements explained to you at orientation? (1-very poor 2-poor 3-average 4-good 5-very good)
7. How well were you instructed in the performance of a patient work-up? (1-very poor 2-poor 3-average 4-good 5-very good)
8. How well were you integrated with the health care team? (1-very poor 2-poor 3-average 4-good 5-very good)
9. How were your teaching sessions for students only? (1-very poor 2-poor 3-average 4-good 5-very good)
10. How would you rate the quality of teaching from Attendings? (1-very poor 2-poor 3-average 4-good 5-very good)
11. How would you rate the quality of teaching from residents? (1-very poor 2-poor 3-average 4-good 5-very good)
12. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
13. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
14. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, humiliation, psychological/physical punishment) If any mistreatment was witnessed please document in comment box. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
15. I feel supported in my personal and professional pursuits by other School of Medicine students. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
16. Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a rating number (1-very poor 2-poor 3-average 4-good 5-very good) next to their name.
17. SGU Covid-19 education courses improved my understanding of infection and transmission. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
18. The clerkship duty hour limits (50 hours or less per week) were followed. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
19. The clinical site orientation and instruction on the use of PPE was adequate. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
20. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
21. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
22. This clerkship provides a safe and nurturing emotional climate that focuses on student success. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
23. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****)
1=No 5=Yes