Psych

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? (1-very poor 2-poor 3-average 4-good 5-very good)
- 11. How would you rate the volume and mix of clinical cases? (1-very poor 2-poor 3-average 4-good 5-very good)
- 12. How would you rate your overall experience of the clerkship? (1-very poor 2-poor 3-average 4-good 5-very good)
- 13. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public 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)
- 14. 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)
- 15. 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.
- 16. SGU Covid-19 education courses improved my understanding of infection and transmission? (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
- 17. 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)
- 18. 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)
- 19. The preventative measures at clinical sites protected students from infection. (1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
- 20. There are faculty and/or other school representatives that I feel comfortable confiding in when important concerns arise. (I-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree)
- 21. 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)
- 22. Were you provided with mid-clerkship feedback? (****Important only use 1 for NO or 5 for YES****) 1=No 5=Yes