

**UND SCHOOL OF MEDICINE & HEALTH SCIENCES ~ NORTHWEST CAMPUS
SENIOR STUDENT EVALUATION OF ELECTIVE ROTATION**

STUDENT:	YEAR: 2008	CHAIR OF DEPARTMENT:
COURSE TITLE/PRECEPTOR:	PERIOD:	ROTATION DATES:

		YES	NO
1.	Were clear learning objectives outlined at the beginning of this rotation by the:		
	a) Course Coordinator		
	b) Departmental Staff		
	c) Attending Physician (Preceptor)		
2.	Were these objectives clear and reasonable?		
3.	Was time allowed on the rotation to accomplish the objectives?		
4.	Was the patient load sufficient to accomplish the objectives?		
5.	Was adequate time allowed for:		
	a) Case Presentations		
	b) Required Reading		
	c) Optional or Suggested Extra Reading		
	d) Free Time (Recreation, Family, etc.)		

1.INTERACTION (To include administrative clerical staff and nurses)

UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1	2	3	1	2	3	1	2	3
Faculty unavailable. Little time for teaching. Intimidating to students.			Helpful. encourages student to be active team member. Sensitive to student needs.			Challenges student. Made student member of care team. Prompt feedback, positive and negative provided.		

Comments:

2. TEACHING METHOD

UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1	2	3	1	2	3	1	2	3
Material presented irrelevant to rotation. Beyond level of student's learning.			Material relevant to objectives and patients seen. Material coordinated for patients and progression through course.			Consistent, progressive materials presented. Integrated with objectives. Challenging and flexible for independent learning.		

COMMENTS:

3. PSYCHOSOCIAL								
UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1	2	3	1	2	3	1	2	3
Communication skills, speaking, writing, not stressed. Patient, family, community, ethical issues not addressed.			Stressed good communication skills in presentations, H&P's with adequate recognition of family, community and ethical issues. Preventative medical issues covered.			Challenged in non-threatening manner. Provided opportunities for development of strong communication skills both writing and speaking. Patient, family, community issues recognized and dealt with. Good coverage of ethical and pertinent preventative medicine issues.		
COMMENTS:								
4. OVERALL ROTATIONAL RATING								
UNSATISFACTORY			SATISFACTORY			SUPERIOR		
1	2	3	1	2	3	1	2	3
Would not take the rotation again. (Please specify objectively.)			Would take rotation again. Could be strengthened. (Please specify.)			Outstanding clinical rotation which was challenging and stimulating with components which could be incorporated in other clerkships. (Please specify.)		
COMMENTS:								
5. SUMMATIVE EVALUATION(Student narrative report of clerkship's strengths/weaknesses including realistic suggestions for change.)								

Return this evaluation at the end of the rotational period to:

JODEE NIELSEN, ELECTIVE COORDINATOR
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