

New York University School of Medicine
Elective Evaluation Form
 2006-2007

ELECTIVE: : _____

DEPARTMENT: : _____

HOSPITAL/SITE: _____ DURATION: ___ TWO WEEKS ___ FOUR WEEKS

Ratings: Place an X in the box on the 7-point scale that most clearly corresponds to your rating for each of the following characteristics of the elective:

Rating Scale

		1	2	3	4	5	6	7	
1. Elective Organization	Poorly structured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well structured
2. Identification of Elective Objectives	Objectives were unclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Objectives were clearly stated
3. Achievement of Elective Objectives	Few achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Most achieved
4. Supervision by Attendings	No direct observation of my clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very frequent observation of my clinical skills
5. Supervision by Fellows/Housestaff	No direct observation of my clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very frequent observation of my clinical skills
6. Frequency of Feedback from Attendings	Infrequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very frequent
7. Frequency of Feedback from Fellows/Housestaff	Infrequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very frequent
8. Quality of Feedback from Attendings	Not helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very helpful
9. Quality of Feedback from Fellows/Housestaff	Not helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very helpful
10. Teaching by Attendings	Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excellent

CONTINUE ON BACK

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 Julie Chase, Ph.D., Director, Office of Medical Education

11. Teaching by Fellows/Housestaff
 Poor 1 2 3 4 5 6 7 Excellent
12. Range of Diagnoses
 Minimal variety Wide variety
13. Amount of Patient Contact choose one: Too little Just right Too much
14. Amount of Direct Patient Care Responsibility choose one: Too little Just right Too much
15. Quantity of Didactic Component choose one: Too little Just right Too much
16. Quality of Didactic Component
 Poor 1 2 3 4 5 6 7 Excellent
17. Overall Evaluation of Clerkship As a Learning Experience
 Poor Excellent

Strong Features:

Weak Features:

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