

## Evaluation of the Elective (completed by medical student)

Name of medical student				Year in training							Date
You may wish to submit this anonymously.											
	Unsatisfactory			Satisfactory			Superior			NA	Comments
Clinical material and exposure	1	2	3	4	5	6	7	8	9	NA	
Facilities	1	2	3	4	5	6	7	8	9	NA	
Didactic curriculum	1	2	3	4	5	6	7	8	9	NA	
Did the rotation accomplish its stated goals	1	2	3	4	5	6	7	8	9	NA	
Was the elective coordinator helpful and supportive	1	2	3	4	5	6	7	8	9	NA	
Was the assigned reading appropriate and helpful ?	1	2	3	4	5	6	7	8	9	NA	
Quality of resident supervision and teaching ?	1	2	3	4	5	6	7	8	9	NA	
Quality of attending supervision and teaching ?	1	2	3	4	5	6	7	8	9	NA	
Would you recommend this elective to your classmates ?	1	2	3	4	5	6	7	8	9	NA	
Was the examination fair and appropriate ?	1	2	3	4	5	6	7	8	9	NA	
<b>OVERALL ASSESSMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>NA</b>	
Do you have any suggestions on how we can improve the elective ? (Use back of page if necessary)											
Comments on Overall experience or specific items above.											

*If you have specific concerns about the elective , but do not wish to convey your concerns in writing you can contact Dr Patrick Sibony directly at [Patrick.sibony@stonybrook.edu](mailto:Patrick.sibony@stonybrook.edu) or call him to meet with him privately (call 444 1111) or you can contact the Associate Dean for Medical Education (DIO) directly . These communications will be kept strictly confidential if you desire.*