

OSG 841 Clinical Rotation - Student Assessment Form

The following questions are intended to provide the course director with meaningful feedback as to the quality of this clinical rotation. While everything cannot be perfect for everyone, the hope is that you have gained valuable clinical knowledge and experience as well as had pleasant and beneficial interaction clinically with residents and faculty. Please answer the questions below regarding your oral and maxillofacial surgery rotation relative to other clinical rotations. Thank you for your input.

(5=excellent; 4=good; 3=fair; 2=poor; 1=unacceptable)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Please rate the importance of this rotation in your clinical experience: | 5 | 4 | 3 | 2 | 1 |
| 2. Please rate the breadth of clinical experience you gained on this rotation: | 5 | 4 | 3 | 2 | 1 |
| 3. Please rate the availability of clinical faculty relative to other rotations: | 5 | 4 | 3 | 2 | 1 |
| 4. Please rate the amount of teaching involved in student/faculty interaction: | 5 | 4 | 3 | 2 | 1 |
| 5. Please rate your satisfaction with student/faculty interaction: | 5 | 4 | 3 | 2 | 1 |
| 6. Please rate the level of patient care given on this rotation: | 5 | 4 | 3 | 2 | 1 |
| 7. Please rate the overall quality of the course: | 5 | 4 | 3 | 2 | 1 |
| 8. Please rate your overall clinical experience: | 5 | 4 | 3 | 2 | 1 |

9. Please comment on what you think could improve this clinical rotation.

10. Please comment on any other problems or concerns.

11. Please comment on any positive aspects of this clinical rotation.