

ELECTIVE CLERKSHIP

STUDENT EVALUATION OF FACULTY

Date: ____/____/____

SEND COMPLETED FORM TO:
UFMedEdEvals@AHC.UFL.EDU

Your Name: _____ Faculty Name: _____

Your UFID: _____ Clerkship/Rotation: _____

Please scan or take a picture of the completed form and email it to UFMedEdEvals@AHC.UFL.EDU

Your overall rating of this clinical faculty:

Poor Fair Good Very Good Excellent

Provided direction and feedback effectively:

Strongly Disagree Disagree Neutral Agree Strongly Agree

Promoted your understanding of evaluating and managing patients:

Strongly Disagree Disagree Neutral Agree Strongly Agree

Demonstrated sensitivity to patients, family and members of the care team:

Strongly Disagree Disagree Neutral Agree Strongly Agree

Please comment on the following: a) specific strengths of this clinical faculty; b) specific weaknesses of this clinical faculty; c) suggestions for improvement. Please be thoughtful, professional and constructive in your feedback: *You may also type your comments in the body of the email when you submit the form*

Communication of ideas and information:

Poor Fair Good Very Good Excellent

Respect and concern for students:

Poor Fair Good Very Good Excellent

Stimulation of your interest in the subject(s) taught:

Poor Fair Good Very Good Excellent

Facilitation of your learning:

Poor Fair Good Very Good Excellent

Enthusiasm for the subject:

Poor Fair Good Very Good Excellent

Encouraged students to think independently, creatively and critically:

Poor Fair Good Very Good Excellent