

Appendix 2. Clerkship evaluation tool used in University of Utah School of Medicine, United States of America in academic year 2013

1. Objectives, assessment & content: indicate your agreement with the following areas of the clerkship

	Agree	Unsure	Disagree
I received clear learning objectives for this clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My performance was assessed against those learning objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My role on the ward/ambulatory setting was clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My time on the wards/ambulatory setting was productive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had the opportunity to follow a variety of patients during this clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please comment on the balance of time devoted to outpatient vs. inpatient or each type of service (e.g., obstetrics vs. gynaecology time) for the clerkship

3. Teaching & feedback: indicate your agreement with the following areas of the clerkship

	Agree	Unsure	Disagree
Attendings (faculty members) provided effective teaching during this clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents and fellows provided effective teaching during this clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received helpful feedback on my performance during this clerkship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Clerkship director and coordinator

	Agree	Unsure	Disagree	Not applicable
The clerkship director was available/responsive to my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coordinator was responsive to my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Overall impression

	Excellent	Good	Fair	Poor
How would you rate the overall organization of this clerkship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the overall quality of this clerkship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please comment on the clerkship strengths:

7. Please comment on how the clerkship can be improved:

8. Mistreatment: I experience mistreatment in the clerkship

- ☐ Yes
☐ No

9. If yes to #9: I experience mistreatment from the following in this clerkship (check all that apply)

- ☐ Attendings
☐ Residents
☐ Interns
☐ Nurses
☐ Patients
☐ Students
☐ Staff
☐ Other (please specify)

10. If yes to #9: In what ways did you experience mistreatment during this clerkship?

Clerkship directors may also add up to 7 questions specific to their own clerkship. However, before adding an item, make sure it provides information that will help you make decisions about your clerkship.