**Stanford University Medical School**

## Subject: Evaluator: Site: Period:

**Dates of Activity:**

**Activity:** ANES 300A -- Anesthesia OR (SUMC)

**Form:** Clerkship

## Please rate the effectiveness of the CLERKSHIP in the following areas:

**Orientation** *(Question 1 of 34 - Mandatory)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Syllabus** *(Question 2 of 34 - Mandatory)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Communication about clerkship performance assessment** *(Question 3 of 34)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization of the clerkship** | *(Question 4 of 34)* |  | | | |
| Not Applicable I Unable to rate | Poor | Fair | Good | Very Good | Excellent |

**Didactic program** *(Question 5 of 34)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**On call experience** *(Question 6 of 34 - Mandatory)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Simulator training or standardized patient exercises** *(Question 7 of 34)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Patient responsibility** *(Question 8 of 34 - Mandatory)*

# (I was given an appropriate amount of responsibility for patient care)

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Learning climate** *(Question 9 of 34 - Mandatory)*

# (I was treated respectfully and valued as a member of the team)

Not Applicable I Unable to rate Strongly Disagree Disagree Neutral Agree Strongly Agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Faculty/attending teaching** *(Question 10 of 34 - Mandatory)*

# (Rate the teaching of faculty in terms of availability and time spent teaching, quality of teaching, as role models for effective patient care, and for compassion and caring for patients.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not Applicable I Unable to rate | Poor | Fair | Good | Very Good | Excellent |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Residents/housestaff/fellows teaching** *(Question 11 of 34 - Mandatory)*

# (Rate the teaching of residents, housestaff and fellows in terms of availability and time spent teaching, quality of teaching, as role models for effective patient care, and for compassion and caring for patients.)

Not Applicable I Unable to rate

Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

## Did you receive formal mid-clerkship feedback (e.g. email, written report, meeting with faculty member or clerkship staff member to review your performance)? *(Question 12 of*

|  |  |
| --- | --- |
| **Selection** | **Option** |
|  | Yes |
|  | No |

**Usefulness of mid-clerkship feedback** *(Question 13 of 34 - Mandatory)*

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Did this clerkship adhere to the School of Medicine policy on duty hours?** *(Question 14 of 34 - Mandatory)*

No Yes

0.5 2

## School of Medicine Duty Hours Policy:

1. Duty hours are defined as all clinical and academic activities related to the students, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer care, time spent in-house during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hou from all clinical, educational, and administrative activities.

**Informal feedback:** *(Question 15 of 34 - Mandatory)*

# (I received helpful and timely feedback throughout this clerkship)

Not Applicable I Unable to rate Strongly Disagree Disagree Neutral Agree Strongly Agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Direct observation** *(Question 16 of 34 - Mandatory)*

# (There was sufficient direct observation when I was working with patients, conducting histories, physical exams, etc.)

Not Applicable I Unable to rate Strongly Disagree Disagree Neutral Agree Strongly Agree

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

## Did the clerkship staff (course or site director, clerkship coordinator) review your patient logs for missed learning experiences (e.g. patients/diagnoses not seen)? *(Question 17*

|  |  |
| --- | --- |
| **Selection** | **Option** |
|  | Yes |
|  | No |

**Did the clerkship staff provide instructions on how to satisfy clerkship requirements for patient encounters and how to make up for any patients/diagnoses not seen?** *(Question 18*

|  |  |
| --- | --- |
| **Selection** | **Option** |
|  | Yes |
|  | No |

**Exposure to the specialty** *(Question 19 of 34)*

# (Effectiveness of the clerkship in exposing you to a variety of common problems)

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Knowledge** *(Question 20 of 34)*

# (Effectiveness of the clerkship in expanding your knowledge of core topics)

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Clinical skills** *(Question 21 of 34)*

# (Effectiveness of the clerkship in helping you refine your data gathering, clinical reasoning, and patient management skills)

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Professionalism** *(Question 22 of 34)*

# (Effectiveness of the clerkship in promoting professionalism)

Not Applicable I Unable to rate Poor Fair Good Very Good Excellent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall rating of the clerkship** | *(Question 23 of 34)* |  | | | |
| Not Applicable I Unable to rate | Poor | Fair | Good | Very Good | Excellent |

**Positive comments about faculty/fellows/residents in this clerkship:** *(Question 24 of 34)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 |

**Negative comments about faculty/fellows/residents in this clerkship:** *(Question 25 of 34)*

## Please comment (positive or negative) on any aspects of your experience in this clerkship. *(Question 26 of 34)*

**Suggestions for how to improve the clerkship.** *(Question 27 of 34)*

## Please complete the following table regarding concerning behavior(s) experienced or witnessed during this clerkship rotation.

If you experience or witness behaviors that are concerning to you, please contact the Associate Dean for Medical Student Life Advising, Dr. Rebecca Smith-Coggins by email smithcog@sta phone (650) 723-6576, or pager 13481.

*(Question 28 of 34 , Confidential)*

# 0

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Please indicate which person(s) engaged in the behavior(s)** | | | | | | |
|  | Check here if you experienced this behavior | Check here if you witnessed any other students being subjected to this behavior | Preclerkship Faculty | Clerkship Faculty (Classroom) | Clerkship Faculty (Clinical Setting) | ResidentIIntern | Nurse | Administrator | Ins Em |
| Publicly humiliated |  |  |  |  |  |  |  |  |  |
| Threatened with physical harm |  |  |  |  |  |  |  |  |  |
| Physically harmed (e.g., hit, slapped, kicked) |  |  |  |  |  |  |  |  |  |
| Required to perform personal services (e.g., shopping, babysitting) |  |  |  |  |  |  |  |  |  |
| Subjected to offensive sexist remarksInames |  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| on gender |  |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of gender rather than performance |  |  |  |  |  |  |  |  |  |
| Subjected to unwanted sexual advances |  |  |  |  |  |  |  |  |  |
| Asked to exchange sexual favors for grades or other rewards |  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on your race or ethnicity |  |  |  |  |  |  |  |  |  |
| Subjected to racially or ethnically offensive remarks/names |  |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of race or ethnicity rather than performance |  |  |  |  |  |  |  |  |  |
| Denied opportunities for training or rewards based on sexual orientation |  |  |  |  |  |  |  |  |  |
| Subjected to offensive remarks/names related to sexual orientation |  |  |  |  |  |  |  |  |  |
| Received lower evaluations or grades solely because of sexual orientation rather than performance |  |  |  |  |  |  |  |  |  |
| Subjected to negative or offensive behavior(s) not described above |  |  |  |  |  |  |  |  |  |

**If you reported the behavior(s), please indicate whom you contacted (check all that apply).** *(Question 29 of 34 , Confidential)*

|  |  |
| --- | --- |
| **Selection** | **Option** |
|  | Associate Dean for Medical Student Life Advising (currently Dr. Smith-Coggins) |
|  | Other Medical Student Advisor |
|  | Clerkship Director or Clerkship Site Director |
|  | Director of Clerkships (currently Dr. Stuart) |
|  | Medical Education Dean (Assistant, Associate, or Senior Associate) |
|  | Counselor/advocate/ombudsman |
|  | Other medical school administrator |
|  | Faculty member |
|  | Other |

**If other, please specify:** *(Question 30 of 34 , Confidential)*

**If you reported the behavior(s), please indicate how satisfied you are with the outcome of having reported the behavior(s).** *(Question 31 of 34 , Confidential)*

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**If there were any incident(s) of these behaviors that you did NOT report, why didn't you? Check all that apply.** *(Question 32 of 34 , Confidential)*

|  |  |
| --- | --- |
| **Selection** | **Option** |
|  | The incident did not seem important enough to report |
|  | I resolved the issue myself |
|  | I did not think anything would be done about it |
|  | Fear of reprisal |
|  | I did not know what to do |
|  | Other |
|  | I reported all incidents of these behaviors |

**If other, please specify:** *(Question 33 of 34 , Confidential)*

# s

|  |  |
| --- | --- |
|  |  |
|  | |
| **Confidential Comments (optional)** *(Question 34 of 34 , Confidential)*  This area is for providing any comments you may have regarding the behavior(s) you experienced or witnessed. Comments will be kept anonymous. Please include the site name, and if possible, the name of the person responsible for the mistreatment reported.  If you do not wish to comment here, but are willing to share your experience directly with Dr. Smith-Coggins so that the issues can be addressed, please contact her at [smithcog@stanford.edu.](mailto:smithcog@stanford.edu) | |
|  | |
|  | |
|  | |