

University of Pittsburgh · Carnegie Mellon University  
 Medical Scientist Training Program  
 MSTP 5990: MSTP Longitudinal Clinical Clerkship—Evaluation of Clerkship

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Upon conclusion of your LCC, we ask that you provide feedback on your experience. This will help us make adjustments to the clerkship to better serve future participants. Please email this form to Kathy Hansell-Prigg (kathyprigg@pitt.edu).

<b>Student's Name</b>					
<b>Faculty's Name</b>					
<b>Residents' Names</b>					
<b>Start Date</b>		<b>End Date</b>			

➤ *This form will not be shared with the mentor. We appreciate your taking the time to provide us with information on your clinical experience.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
The clerkship was well-organized					
I received clear learning objectives for the clerkship					
My performance was assessed against the learning objectives					
I had an opportunity to follow a variety of different patients on the clerkship					
During the clerkship an instructor (faculty, resident) observed me interview a patient					
<b>Feedback and Learning Environment</b>					
I received sufficient feedback on my performance					
Feedback was helpful to me in improving my performance					
Instructors (faculty, residents) in this clerkship treated me with respect					
During this clerkship, the learning environment promoted by development as a professional					
<b>Overall Clerkship Quality</b>					
	Poor	Fair	Satisfactory	Good	Outstanding
Overall quality of the educational experience in this clerkship					

<b>Comments</b>	
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Please describe any aspects of this clerkship which had a POSITIVE impact on your learning experience	
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Please describe any aspects of this clerkship which had a NEGATIVE impact on your learning experience	
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What feedback do you have to improve this clerkship	
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