



## AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE

### Student Clerkship Evaluation Form

2 x 2

Picture

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Clinical Rotation

☐ Core

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

☐ Elective

(Must start on Monday and end on Friday)

\_\_\_\_\_  
Clinical Site

On this form the student evaluates the overall experience during any core or elective rotation. This documentation is vital for ensuring consistency of clinical education across the various clinical teaching sites.

**Please note that all forms have to be submitted at the end of each core or elective rotation. Rotation grades will not be released unless this form has been received.**

**How well did the rotation components meet your expectations in terms of patient care responsibility?**

- ☐ Exceeded
- ☐ Above Average
- ☐ Below Average
- ☐ Poor
- ☐ Not Applicable

**How well did the rotation components meet your expectations in terms of faculty's ability to respond to questions?**

- ☐ Exceeded
- ☐ Above Average
- ☐ Below Average
- ☐ Poor
- ☐ Not Applicable

**How well did the rotation components meet your expectations in terms of faculty's organization of the educational experience at the clinical site?**

- ☐ Exceeded
- ☐ Above Average
- ☐ Below Average
- ☐ Poor
- ☐ Not Applicable

**How well did the rotation components meet your expectations in terms of faculty's ability to explain medical procedure, treatment and reasons for the procedures and treatment?**

- ☐ Exceeded
- ☐ Above Average
- ☐ Below Average
- ☐ Poor
- ☐ Not Applicable

**How well did the rotation components meet your expectations in terms of adequacy of clinical rotation introduction?**

- ☐ Exceeded
- ☐ Above Average
- ☐ Below Average
- ☐ Poor
- ☐ Not Applicable

**Would you recommend this rotation to other students? (Rate based on your overall satisfaction with the rotation.)**

- ☐ Yes
- ☐ No

**Student Comments:**

---

**Student Signature**

---

**Date**