Preview Form



UMass Worcester SOM - Flexible Clinical Experience (FCE)

Subject: Evaluator: Site: Period: Dates of Course: Course: Form: Eval Preview Student Evaluation of Program

The feedback you provide through this evaluation is an important component in improving the quality of medical education for you and future students. The results are rendered anonymous and reported in summary format. Please be sure to use appropriate, professional language when providing constructive feedback.

Please rate the extent to which you agree with the following.

(Question 1 of 8 - Mandatory)

Strongly Disagree	Disagree	Agree	Strongly Agree
1.0	2.0	3.0	4.0
1.0	2.0	3.0	4.0
1.0	2.0	3.0	4.0
1.0	2.0	3.0	4.0
1.0	2.0	3.0	4.0
	Disagree 1.0 1.0 1.0 1.0	Disagree Disagree 1.0 2.0 1.0 2.0 1.0 2.0 1.0 2.0 1.0 2.0	Disagree Disagree Agree 1.0 2.0 3.0 1.0 2.0 3.0 1.0 2.0 3.0 1.0 2.0 3.0 1.0 2.0 3.0 1.0 2.0 3.0 1.0 2.0 3.0

(Question 2 of 8 - Mandatory)

	No	Yes
Overall, were one or more of your four FCEs helpful in career planning?		

Please rate the extent to which you agree with the following.

(Question 3 of 8 - Mandatory)

One or more of my four FCEs	Strongly Disagree	Disagree	Agree	Strongly Agree
reaffirmed my prior career plan	1.0	2.0	3.0	4.0
sparked interest in a new field that I am now planning to enter	1.0	2.0	3.0	4.0
sparked interest in a new field that I do not plan to enter	1.0	2.0	3.0	4.0
made me decide not to pursue a field in which I was previously interested	1.0	2.0	3.0	4.0

Please share comments about how your Flexible Clinical Experiences contributed to your career planning. (*Question 4 of 8*)

Please rate the extent to which you agree with the following.

(Question 5 of 8 - Mandatory)

	Strongly Disagree	Disagree	Agree	Strongly Agree
I plan to expand on my FCEs with similar Advanced Studies electives.	1.0	2.0	3.0	4.0

Please share comments on how your Flexible Clinical Experiences will impact your Advanced Studies electives. (*Question 6 of 8*)

My most meaningful Flexible Clinical Experiences were: (Question 7 of 8 - Mandatory)

Selection	Option
	Pre-designed
	Self-designed
	Both pre- and self-designed
	None were meaningful

Please share any additional comments regarding your four Flexible Clinical Experiences. (Question 8 of 8)	