Resident/Student Evaluation

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| --- | --- |
|  | **1) Strongly Disagree 2) Disagree 3) Neutral 4) Agree 5) Strongly Agree** |
| 1. Overall PSM election rotation was very useful for my education. | 1 2 3 4 5 |
| 1. The provider spent enough time with me. | 1 2 3 4 5 |
| 1. The provider was knowledgeable. | 1 2 3 4 5 |
| 1. I would recommend this learning experience without hesitation to others. | 1 2 3 4 5 |
| 1. There was good teamwork among the providers, nurses, and other staff. | 1 2 3 4 5 |
| 1. Consults at SPARCC met patient’s expectations/needs/treatment. | 1 2 3 4 5 |
| 1. I would recommend SPARCC services without hesitation to others. | 1 2 3 4 5 |

**Suggestions for academic/teaching improvements at SPARCC clinics?**

**Suggestions for patient care improvements in SPARCC clinics?**

**What SPARCC experience was most/least useful for you?**

**What non-SPARCC experience was most/least useful for you?**

**Overall suggestions for the resident/student schedule?**

**Please leave us with a comment for our website academic page:**