



**Faculty of Medicine Student Feedback on Elective**  
To be filled out by the student upon completion of each elective block

TITLE OF ELECTIVE: \_\_\_\_\_

LOCATION OF ELECTIVE: \_\_\_\_\_

DATE OF ELECTIVE: \_\_\_\_\_ TO \_\_\_\_\_

1. What was the content of your elective?

2. Did your elective prove to be a satisfactory experience?    Yes     No

If yes, please indicate 3 achieved learning outcomes that could potentially enhance your future practice/career:

If no, please explain why:

3. What proportion of time was spent on (%):

Basic Research: \_\_\_\_\_

Clinical Research: \_\_\_\_\_

Direct patient care: \_\_\_\_\_

4. Did you get:     too much,     just enough, or     too little, supervision?    **(Select one)**

5. How many hours per week did you spend under the direct supervision of:

Supervisor: \_\_\_\_\_

Researcher(s): \_\_\_\_\_

Fellow(s): \_\_\_\_\_

Resident(s): \_\_\_\_\_

Other: \_\_\_\_\_

6. How many hours per week did you:

See patients: \_\_\_\_\_

Review Charts: \_\_\_\_\_

Work in the laboratory: \_\_\_\_\_

Independent Study: \_\_\_\_\_

Attend lectures, seminars, rounds: \_\_\_\_\_

Other: \_\_\_\_\_

7. If you saw patients:

How many per week \_\_\_\_\_

How much of your time with patients was spent in discussing problems with your supervisor?  
\_\_\_\_\_ %

Did you have:

too much,  just enough or  too little, responsibility for their care? (**Select one**)

Comments: \_\_\_\_\_  
\_\_\_\_\_

8. What improvements, if any, would you suggest for this elective (arranging process, content, etc.)?

9. Would you recommend this elective to other students?    Yes     No

10. Can students contact you for more information?

No

Yes

Name: \_\_\_\_\_  
(please print)

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**Return to:**

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