

DEPARTMENT OF PATHOLOGY PATHOLOGISTS' ASSISTANT PROGRAM

STUDENT EVALUATION OF AFFILIATE SITE

Student Name:

Name of Affiliate:

Surgical Pathology Autopsy Pathology Discipline: (circle one)

Forensic Pathology

Directions: Please check the appropriate response to the following questions pertaining to your clinical experience. For responses number 1 through 5, use the following standard: 1 – Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly agree.

Specific comments are also encouraged.

Please note: Aside from the Program Director, the names of individuals filling out this evaluation form will remain confidential and will not be shared with affiliate sites or any other individual.

Question		Response	
1.	Did you receive an orientation at the clinical affiliate site?	Yes	No
2.	Were UM PA program clinical objectives provided to you?	Yes	No
3.	Were you given a learning checklist by the affiliate?	Yes	No
4.	Were you notified of evaluation procedures in advance?	Yes	No
5.	Were you given separate learning objectives by the affiliate?	Yes	No
6.	Were the objectives:		
	Clearly stated?	1234	45
	Helpful?	12345	
	Realistic?	1234	45
	Utilized?	1234	45
7.	Was your daily schedule organized and task assignments clearly specified?	1234	45
8.	Were your experiences:		
	Adequate in number and variety?	1234	45
	Well organized?	1234	45
	Adequately supervised?	1234	4 5

Yes Yes	No No
Yes	No
res	No
Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No
Yes	No
1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	4 5 4 5 4 5
1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	4 5 4 5 4 5
	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes

Comments on Pathologists at the affiliate site:

15. Were the ancillary staff (administrative assistants, histotechnologists, autopsy personnel) courteous and respectful? 1 2 3 4 5

Comments on ancillary staff:

16. If the rotation site included interaction with pathology residents: Did the pathology residents display appropriate professional conduct?
1 2 3 4 5 (comment below, if 'no') Did the residents demonstrate a commitment to your education?
1 2 3 4 5 Did the pathology residents actively involve you in learning activities?
1 2 3 4 5

Comments on pathology residents:

17. Were you at any time used for service needs to fill a deficit in hospital staff?	Yes	No
18. Did your interest increase following your rotation at this site?	123	4 5
19. Would you seek employment at the affiliate site if available?	123	4 5

20. What positive factors in this facility make it desirable for a Pathologists' Assistant training program?

21. Please provide any additional comments not addressed above:

Please return this evaluation form to Carlen Miller, MS, PA(ASCP)^{CM}, Department of Pathology, UMMC, Room NBW46, 22 S. Greene Street, Baltimore, Maryland 21201. Please keep a copy for your records.

Student Name:___