

# **Rural Access to Anesthesia Care Committee**

## **Clerkship Evaluation Form – Medical Student**

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The first page of this evaluation form only serves to confirm the compliance of the medical student with the clerkship requirements and will be separated from the rest of the evaluation form when submitted for statistical analysis.

**Name of Medical Student :**

**Clerkship # :**

# Rural Access to Anesthesia Care Committee

## Clerkship Evaluation Form – Medical Student

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**Clerkship # :**

**Gender of medical student :** Male Female

**Age (years) of medical student :**

**Dates of rural anesthesia clerkship:**

**Location of rural anesthesia clerkship:**

**Name of hospital :**

**Name of mentor :**

**Mentor # :**

**Gender of mentor :** Male Female

**Age (years) of mentor :**

**Lodging :** in hospital - private - with mentor

**Quality of lodging :** excellent - good - reasonable - bad

- Would you recommend lodging? Yes No

**Hospital & staff :** friendly - neutral - unfriendly

- Would you recommend hospital? Yes No

**Mentor :** friendly & approachable - disinterested - not approachable

- Would you recommend mentor? Yes No

**Location, surroundings, people :** friendly - interesting - boring - narrow minded

- Would you recommend location? Yes No

**Quality of anesthesia clerkship :** excellent - good - reasonable - bad

**Scholarship money :** sufficient for chosen location - insufficient for chosen location

**Overall evaluation of clerkship :** excellent - good - reasonable - bad

- Would you recommend this clerkship? Yes No

**Comments (please add pages if required) :**