**INSTRUCTIONS:** The purpose of this survey instrument is to evaluate program resources. The data compiled will aid the program in an ongoing process of program improvement. Consider each item separately and rate each item independently of all others. Choose the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select “Not Applicable” if you do not know about a particular area, or if it does not apply to you.

***Thank you in advance for completing this survey.***

**Icon Key**

1. [ ]  **Check Box:** Click on the check box to mark your rating choice (will appear [x] ).
2. Click or tap here to enter text. **Text Area:** This is used to enter text into a field; click the words to start entering in text. This area will expand as you include more text.
3. Click or tap to enter a date. **Date Area:** This is used to select a date; click the words and choose the appropriate date you completed the survey.
4. Choose an item. **Dropdown Area:** This is used to select a predetermined answer from the dropdown menu; click the words and choose the appropriate answer.

**Please rate each of the following items by choosing the appropriate rating according to the following scale:**

Strongly Agree

Agree

Disagree

Strongly Disagree

Not Applicable

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Date Completed: | Click or tap to enter a date. |

**1. Personnel Resources (Program Faculty)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Faculty teach effectively:**  |
|  | 1. | In the classroom | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | In the laboratory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | In the clinical area | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Faculty number is adequate:** |
|  | 1. | In the classroom | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | In the laboratory | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | In the clinical area | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C.**  | **Faculty members have good rapport with students** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **D.**  | **Faculty members are willing to help students with academic needs** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **E.**  | **Faculty ensures student representation on the advisory committee** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Please provide additional comments regarding faculty: | Click or tap here to enter text. |

**2. Physical Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Classrooms** |
|  | 1. | Are adequate in size | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Have adequate lighting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Contain adequate seating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Have adequate ventilation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Are provided with appropriate equipment to support effective instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Laboratory** |
|  | 1. | Is adequate in size | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Has adequate lighting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Contains adequate seating | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Has adequate ventilation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 5. | Is equipped with the amount of equipment necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 6. | Is equipped with the variety of equipment necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 7. | Is equipped with the amount and variety of supplies necessary for student performance of required laboratory exercises | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 8. | Activities prepare the student to perform effectively in the clinical setting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 9. | Is accessible to students outside regularly scheduled class time | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Please provide additional comments regarding classrooms and laboratory: | Click or tap here to enter text. |

**3. Learning Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Libraries (school and clinical affiliate libraries)** |
|  | 1. | The program faculty and/or the library personnel offer orientation to library services | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | The library personnel provide assistance to the students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | The libraries provide sufficient materials to support classroom assignments | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Program assignments require the use of library resources | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Student instructional support services**  |
|  | 1. | Tutors are available to provide assistance to the students when needed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Audiovisual and computer equipment are available to students for class assignments and activities | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Computer resources are adequate to support the curriculum | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Instructional support services are readily accessible to all students | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Please provide additional comments regarding libraries and support services: | Click or tap here to enter text. |

**4. Clinical Resources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Clinical rotations** |
|  | **1.** | **Facilities** |
|  |  | a) | Offer an adequate number of procedures for the student to meet clinical objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | b) | Offer an adequate variety of procedures for the student to meet clinical objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | c) | Provide a variety of current equipment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | **2.** | **Experiences** |
|  |  | a) | Rotations are of sufficient length to enable the students to complete clinical objectives | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | b) | Rotations provide sufficient number of hands-on patient exposure | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Clinical instructors** |
|  | 1. | Provide students with adequate orientation to assigned clinical areas and procedures | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 2. | Are sufficiently knowledgeable to provide student instruction | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 3. | Are consistent in their evaluation of student performance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | 4. | Are readily available to assist students when needed | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Please provide additional comments regarding clinical rotations and instructors: | Click or tap here to enter text. |

**5. Physician Interaction**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |
| **A.**  | **Physician/student interaction facilitates the development of effective communication skills between physicians and students** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **B.**  | **Physician contact is sufficient to provide the student with a physician perspective of patient care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **C.**  | **Overall student exposure to physicians in the program is adequate** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Please provide additional comments regarding physician interaction: | Click or tap here to enter text. |

**6. Additional Comments**

How long have you been a student in the program?

|  |  |
| --- | --- |
| Choose an item. | months. |

Based on your experience, which program resources provided you with the most support?

|  |
| --- |
| Click or tap here to enter text. |

Based on your experience, which program resources could be improved?

|  |
| --- |
| Click or tap here to enter text. |

Please provide comments and suggestions that would help to improve the program’s overall resources.

|  |
| --- |
| Click or tap here to enter text. |

**Overall Rating:** Please rate the OVERALL quality of the resources supporting the program

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Very Good** | **Good** | **OK** | **Poor** | **Very Poor** |
| [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |