

# Non-Clinical Surgical Elective Post-Survey

Teaching surgery without in-person access to patients, operating rooms or groups, in an online format, is a challenge. We would like your feedback about the Non-Clinical Surgery Elective you just took. Your responses will remain anonymous unless you agree to be contacted and give us your email address at the end of the survey. All survey responses will be de-identified and aggregated and given to elective directors and coordinators so they can improve their courses with each iteration. In addition, such data will form the basis of a study or studies of this form of surgery education, to inform the wider surgery community about our efforts. All Emory School of Medicine electives are pass/fail, and your grade will not be affected by your completion of this survey. There are no risks to completion of this survey other than those of everyday life, and by completing this survey you give your consent for your data to be used as described above. If you have any questions, please contact Dr. Barbara Pettitt ([barbara.pettitt@emory.edu](mailto:barbara.pettitt@emory.edu)), Principal Investigator and Director of Medical Student Education, Emory Dept. of Surgery. Thanks for your help!

\* Required



Current Curriculum Phase: \*

- Foundations M1
- Foundations M2
- Applications
- Translations
- Discovery
- Other:

Please rate your comfort using online video conferencing software (e.g., Zoom) \*

- Very comfortable
- Comfortable
- Somewhat comfortable
- Not at all comfortable

What field will you most likely be applying into for residency? If undecided, please choose "undecided." \*

Choose



For which non-clinical surgical elective are you completing this survey? \*

Choose

On what date did this course start? \*

MM DD YYYY

/ /

Did you complete this course for academic credit or did you audit the course? \*

Academic credit

Audit

How well do you think this course met its learning objectives? (please see <https://tinyurl.com/r4jlalo> to review your course's LOs) \*

Very well

Well

Satisfactorily

Poorly



How would you rate your understanding of this surgical field BEFORE taking this course? (compared to other students at your level) \*

- Very good
- Good
- Fair
- Poor

How would you rate your understanding of this surgical field AFTER taking this course? \*

- Very good
- Good
- Fair
- Poor

What was your baseline level of interest in pursuing THIS surgical field for residency before this course?

- Very interested
- Interested
- Indifferent
- Uninterested



How has this course changed your interest in pursuing THIS surgical field for residency? \*

- Greatly increased interest
- Increased interest
- No change
- Decreased interest

What was your baseline level of interest in pursuing ANY surgical field for residency before this course?

- Very interested
- Interested
- Indifferent
- Uninterested

How has this course changed your interest in pursuing ANY surgical field for residency? \*

- Greatly increased interest
- Increased interest
- No change
- Decreased interest



If you have already completed the M3 Surgery Clerkship, please comment on what parts of this course, if any, would have been valuable to you during the clerkship. (If you haven't completed the M3 Surgery Clerkship, please skip this question).

Your answer

What do you think went well with this course? Please comment specifically on content that was valuable and content that lent itself well to this format. \*

Your answer

What do you think could be improved about this course? \*

Your answer

Please provide constructive feedback about your instructors, including both strengths and weaknesses. \*

Your answer

Other comments:

Your answer



Would you be willing to confidentially discuss your responses on this survey with a faculty member? If so, please enter your Emory email address.

Your answer

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