

2023 Student Survey Questions

SURVEY ITEM				
Curriculum	MS1	MS2	MS3	MS4
Rate your satisfaction with quality of the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with quality of the required clerkships			Yes	Yes
Rate your satisfaction with utility of the medical education program objectives to support learning	Yes	Yes	Yes	Yes
Rate your satisfaction with clinical skills instruction in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with opportunities for self-directed learning in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of unscheduled time for self-directed learning in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with overall student workload in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with student workload in the required clerkships			Yes	Yes
Rate your satisfaction with coordination/integration of content in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with utility of the pre-clerkship phase as preparation for required clerkships			Yes	Yes
Rate your satisfaction with my clinical skills training from the foundations phase prepared me well for clerkship			Yes	Yes
Rate your satisfaction with access to patients during the required clerkships			Yes	Yes
Rate your satisfaction with medical school responsiveness to student feedback on courses			Yes	Yes
Rate your satisfaction with adequacy of education to diagnose disease	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education to manage disease	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education in disease prevention	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education in health maintenance	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education in caring for patients from different backgrounds	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education related to interprofessional collaborative skills	Yes	Yes	Yes	Yes
Rate your satisfaction with clarity of policies for advancement/graduation	Yes		Yes	Yes
Rate your satisfaction with access to student academic records				Yes

Assessment & Evaluation	MS1	MS2	MS3	MS4
Rate your satisfaction with amount of formative feedback in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with amount of formative feedback in the required clerkships			Yes	Yes
Rate your satisfaction with quality of formative feedback in the pre-clerkship phase	Yes	Yes	Yes	Yes
Rate your satisfaction with quality of formative feedback in the required clerkships			Yes	Yes
Rate your satisfaction with fairness of summative assessments in pre-clerkship phase	Yes	Yes	Yes	Yes

Assessment & Evaluation	MS1	MS2	MS3	MS4
Rate your satisfaction with fairness of summative assessments in the clerkship phase			Yes	Yes
Rate your satisfaction with adequacy of supervision in clinical settings			Yes	Yes
Rate your satisfaction with clinical skills assessment in the clerkship phase			Yes	Yes
Rate your satisfaction with opportunities to discuss educational progress with a faculty member	Yes	Yes	Yes	Yes
Were you aware of or did you observe any instance(s) of academic cheating during the current phase?		Yes		
Approximately how many instances of cheating?		Yes		

Faculty & Administration	MS1	MS2	MS3	MS4
Rate your satisfaction with accessibility of the office of the associate dean of/for students/student affairs	Yes	Yes	Yes	Yes
Rate your satisfaction with awareness of student concerns of the office of the associate dean of/for students/student affairs	Yes	Yes	Yes	Yes
Rate your satisfaction with responsiveness to student problems of the office of the associate dean of/for students/student affairs	Yes	Yes	Yes	Yes
Rate your satisfaction with accessibility of the office of the associate dean for educational programs/medical education	Yes	Yes	Yes	Yes
Rate your satisfaction with awareness of student concerns of the office of the associate dean for educational programs/medical education	Yes	Yes	Yes	Yes
Rate your satisfaction with responsiveness to student problems of the office of the associate dean for educational programs/medical education	Yes	Yes	Yes	Yes
Rate your satisfaction with accessibility of the office of the assistant foundations dean and their staff	Yes	Yes		
Rate your satisfaction with awareness of student concerns of the office of the assistant foundations dean and their staff	Yes	Yes		
Rate your satisfaction with responsiveness to student problems of the office of the assistant foundations dean and their staff	Yes	Yes		
Rate your satisfaction with accessibility of medical school faculty	Yes	Yes	Yes	Yes
Rate your satisfaction with participation of students on key medical school committees	Yes	Yes	Yes	Yes

Community of Scholars/Research Opportunities	MS1	MS2	MS3	MS4
Which of the following scholarly opportunities did you complete during the Triple I program? 1. Rural Underserved Opportunities Program (RUOP) 2, Global Health Immersion Program (GHIP) 3, Scholarship of Discovery (SoD) 4, Scholarship of Integration (Sol) 5, RUOP and SoD 6, RUOP and Sol 7, No opportunity to assess/Have not experienced yet	Yes			
What was the main reason for selecting the scholarship option? 1, Prior relationship with the faculty mentor 2, Interest in the topic 3, Geographic proximity to research site 4, Remote research option 5, Cost 6, Other:	Yes	Yes	Yes	Yes
Rate your satisfaction with access to scholarly opportunities in general (RUOP, GHIP, Scholarship of Discovery, or Scholarship of Integration)	Yes		Yes	Yes
Rate your satisfaction with access to SoD at Foundations site	Yes	Yes	Yes	Yes
Rate your satisfaction with access to SoD near the Seattle campus	Yes	Yes	Yes	Yes

Community of Scholars/Research Opportunities	MS1	MS2	MS3	MS4
Rate your satisfaction with access to Sol at Foundations site	Yes	Yes	Yes	Yes
Rate your satisfaction with access to Sol near the Seattle campus	Yes	Yes	Yes	Yes
Rate your satisfaction with sufficiency of information about scholarly opportunities	Yes	Yes	Yes	Yes
Rate your satisfaction with support for participation in research	Yes	Yes	Yes	Yes

Access to Study and Relaxation Space	MS1	MS2	MS3	MS4
Are you aware of where study spaces are located at your Foundations campus?		Yes		
Have you experienced difficulty in accessing the study space?		Yes		
What was difficult about accessing study space? 1, Spaces were not available when I needed them 2, No reservation system 3, The reservation system was difficult to use 4, Study spaces don't have enough whiteboards, markers, outlets 5, Other		Yes		
Are you aware of where relaxation spaces are located at your Foundations campus?		Yes		
Have you experienced difficulty in accessing the relaxation space?		Yes		
What was difficult about accessing relaxation space? 1, Spaces were not available when I needed them 2, No reservation system 3, The reservation system was difficult to use 4, Other		Yes		
Rate your satisfaction with adequacy of student study space at the medical school campus				Yes
Rate your satisfaction with adequacy of student study space at hospitals/clinical sites			Yes	Yes
Rate your satisfaction with adequacy of student relaxation space at the medical school campus				Yes
Rate your satisfaction with adequacy of student relaxation space at hospitals/clinical sites			Yes	Yes

Facilities: Security, Safety & Sufficiency	MS1	MS2	MS3	MS4
Do you have access to security services on your campus?		Yes		
Is the area surrounding the campus sufficiently lit?		Yes		
Can you access security 'night walk' to get to your car and/or public transportation?		Yes		
Can you see slides and other projected materials without obstruction in lecture halls and large group classroom facilities?		Yes		
Do you have lockers to store your personal belongings at your Foundations campus?		Yes		
If not, where do you store your personal items?		Yes		
Do you have sufficient locker space when changing clothes for the anatomy lab?		Yes		
Rate your satisfaction with adequacy of safety and security at medical school campus	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of lecture halls, large group classroom facilities	Yes	Yes	Yes	Yes

Facilities: Security, Safety & Sufficiency	MS1	MS2	MS3	MS4
Rate your satisfaction with adequacy of small group teaching spaces on campus	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of secure storage space for personal belongings at the medical school campus	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of safety and security at clinical sites			Yes	Yes
Rate your satisfaction with adequacy of educational/teaching spaces at hospitals			Yes	Yes
Rate your satisfaction with adequacy of secure storage space for personal belongings at hospitals/clinical sites			Yes	Yes

Academic Support Services	MS1	MS2	MS3	MS4
Which of these services have you seen/attended/used? (Check all that apply)	Yes	Yes	Yes	Yes
Which of the following explains why you did not utilize Academic Support services? (Check all that apply)	Yes		Yes	Yes
Rate your satisfaction with availability of academic advising services	Yes	Yes	Yes	Yes
Rate your satisfaction with availability of tutorial help	Yes		Yes	Yes
Rate your satisfaction with availability of academic counseling	Yes		Yes	Yes
Rate your satisfaction with overall quality of academic advising services	Yes	Yes	Yes	Yes

Student Access to Health Care Services	MS1	MS2	MS3	MS4
Rate your satisfaction with accessibility of student health services	Yes	Yes		
Which of the following resources have you used as sources of guidance when seeking healthcare needs during clerkship rotations? (Check all that apply) 1, Clinical Phase Attendance & Absentee Policy 2, Student Affairs' Health Insurance webpage 3, Clinical deans in each WWAMI state 4, Clerkship directors and administrators 5, Clerkship site directors 6, Student Affairs Staff 7, College mentors 8, Student Committee on Healthcare Access (SCoHA) 9, Other			Yes	Yes
Rate your satisfaction with clarity of guidance stated in the 'Clinical Phase Attendance & Absentee Policy'			Yes	Yes
Rate your satisfaction with adequacy of guidance provided regarding accessing healthcare at Washington			Yes	Yes
Rate your satisfaction with adequacy of guidance provided regarding accessing healthcare at Wyoming			Yes	Yes
Rate your satisfaction with adequacy of guidance provided regarding accessing healthcare at Alaska			Yes	Yes
Rate your satisfaction with adequacy of guidance provided regarding accessing healthcare at Montana			Yes	Yes
Rate your satisfaction with adequacy of guidance provided regarding accessing healthcare at Idaho			Yes	Yes
Rate your satisfaction with overall adequacy of guidance about accessing healthcare when on clinical rotations			Yes	Yes

Career Advising	MS1	MS2	MS3	MS4
Which of these services or resources have you attended or used? (Check all that apply) 1, Individual Career Advising Meeting 2, Career Advising Office Hours 3, Career Advising Group Sessions such as Intro to Career Planning, Rank Order List Q&A 4, CV Review Group Session 5, Residency Planning Season Biweekly Newsletter 6, Specialty Guides 7, Other Career Advising Website resources such as Career Planning Timeline, CV, 4th Year Career Planning, Specialty & Match data, Applying to Residency 0, N/A: No opportunity to assess/Have not experienced this			Yes	Yes
Rate your satisfaction with adequacy of central career advising			Yes	Yes
Rate your satisfaction with adequacy of counseling about elective choices	Yes		Yes	Yes
Rate your satisfaction with overall quality of central career advising services	Yes		Yes	Yes
Rate your satisfaction with adequacy of specialty career advisors				Yes
Rate your satisfaction with overall quality of specialty career advising			Yes	Yes

Counseling & Wellness Services	MS1	MS2	MS3	MS4
Did you use or attempt to use personal counseling/mental health services during the current phase?		Yes		
Rate your satisfaction with availability of personal counseling/mental health services	Yes		Yes	Yes
Rate your satisfaction with confidentiality of mental health services	Yes	Yes	Yes	Yes
Rate your satisfaction with overall quality of counseling services	Yes	Yes	Yes	Yes
Rate your satisfaction with availability of student well-being programs	Yes	Yes	Yes	Yes
Rate your satisfaction with quality of programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being	Yes	Yes	Yes	Yes
Overall, based on your definition of burnout, how would you rate your level of burnout?* 1, I enjoy my work. I have no symptoms of burnout. 2, Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. 3, I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. 4, The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work/school a lot. 5, I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.	Yes		Yes	

Financial Aid Services	MS1	MS2	MS3	MS4
Did you meet or attempt to meet with someone from Financial Aid Services during the current phase?		Yes		
Rate your satisfaction with quality of financial aid administrative services	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of debt management counseling	Yes	Yes	Yes	Yes

Registration & Scheduling	MS1	MS2	MS3	MS4
Rate your satisfaction with one-on-one meetings with registration & scheduling staff to prepare for explore & focus clerkships			Yes	
Rate your satisfaction with availability of registration & scheduling staff	Yes	Yes	Yes	Yes
Rate your satisfaction with EVOS (the optimization scheduling system used for Patient Care preferencing and scheduling)		Yes		

Student Services	MS1	MS2	MS3	MS4
Rate your satisfaction with adequacy of education to prevent exposure to infectious and environmental hazards	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of education about procedures to follow after a potential exposure to infectious and environmental hazards	Yes	Yes	Yes	Yes

Library and Information Resources	MS1	MS2	MS3	MS4
Rate your satisfaction with ease of access to library resources and holdings	Yes	Yes	Yes	Yes
Rate your satisfaction with quality of library support and services	Yes	Yes	Yes	Yes
Rate your satisfaction with ease of access to UWSOM technology support	Yes	Yes	Yes	Yes
Rate your satisfaction with ease of access to technology support at Foundations site	Yes	Yes	Yes	Yes
Rate your satisfaction with access to UWSOM/WWAMI online learning resources	Yes	Yes	Yes	Yes

Service Learning & Community Service	MS1	MS2	MS3	MS4
Were you given opportunities to participate in UWSOM/WWAMI service learning or community service?		Yes		
Did you participate in UWSOM/WWAMI service learning or community service?		Yes		
If you did not participate in UWSOM/WWAMI service learning or community service, why not? (Check all that apply) 1, Did not know about the opportunities 2, Not interested in available options 3, Insufficient opportunities 4, Too busy 5, Other	Yes		Yes	Yes
Rate your satisfaction with access to service learning/community service opportunities	Yes		Yes	Yes
Did you participate in non-UWSOM/WWAMI community service volunteer activities(e.g. food bank) during the current phase?		Yes		

Learning Environment	MS1	MS2	MS3	MS4
Rate your agreement on “the UWSOM educational programs promotes professional behaviors including respect, compassion, integrity, and courteous conduct”.		Yes	Yes	Yes
Rate your agreement on “students are treated in a compassionate, courteous, respectful and professional manner”.		Yes	Yes	Yes
Rate your agreement on “the faculty are committed to my success”.		Yes	Yes	Yes
Rate your agreement on “UWSOM is a comfortable place for students from underrepresented backgrounds to learn medicine”.		Yes	Yes	Yes
Rate your agreement on “UWSOM is a comfortable place for LGBTQ students to learn medicine”.		Yes	Yes	Yes
Rate your agreement on “I feel comfortable sharing my ideas and opinions with other UWSOM students”.		Yes	Yes	Yes
Rate your agreement on “I can safely bring forward concerns about the learning environment without fear of reprisal”.		Yes	Yes	Yes

Learning Environment	MS1	MS2	MS3	MS4
Rate your agreement on "I am satisfied with the outcomes of concerns raised about the learning environment".		Yes	Yes	Yes
Rate your agreement on "I feel connected to UWSOM students at my Foundations site".		Yes	Yes	Yes
Rate your agreement on "I would recommend UWSOM to undergraduate premedical students".		Yes	Yes	Yes
Rate your agreement on "UWSOM has done a good job of fostering and nurturing my development as a future physician".		Yes	Yes	Yes
Rate your satisfaction with administration and faculty diversity	Yes	Yes	Yes	Yes
Rate your satisfaction with student diversity	Yes	Yes	Yes	Yes

Student Mistreatment Policy and Reporting	MS1	MS2	MS3	MS4
Are you aware of mistreatment policy?		Yes		
Do you know the procedures for reporting mistreatment ?		Yes		
Did you report any of the listed behaviors of mistreatment?		Yes		
To whom did you report the behavior(s)? (Check all that apply) 1, Director of Learning Environment (Melinda Frank) 2, Student affairs dean 3, Any other dean	Yes	Yes	Yes	Yes
If there were any incidents of these behaviors that you did not report, why didn't you report them? (Check all that apply) 2, I did not think anything would be done about it 3, The incident did not seem important enough to report 4, Fear of reprisal 5, I resolved the issue myself 6, I did not know what to do 7, Other	Yes	Yes	Yes	Yes
Why do you think nothing would be done about it? 1, The School of Medicine will not respond. 2, Clerkship will not address this issue. 3, It will be addressed but the behaviors will remain the same.	Yes	Yes	Yes	Yes
What types of reprisal are you most concerned about?		Yes		
Rate your satisfaction with clarity of the medical school's student mistreatment policy	Yes	Yes	Yes	Yes
Rate your satisfaction with processes to report student mistreatment	Yes		Yes	Yes
Rate your satisfaction with medical school activities to prevent student mistreatment	Yes	Yes	Yes	Yes
Rate your satisfaction with adequacy of medical school actions on reports of student mistreatment	Yes	Yes	Yes	Yes
Rate your satisfaction with outcome of having reported the behavior(s)	Yes	Yes	Yes	Yes
Did you personally experience retaliation during the current phase?		Yes		
Did you personally witness retaliation during the current phase?		Yes		

Occurrence of Mistreatment	MS1	MS2	MS3	MS4
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Publicly embarrassed		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Publicly humiliated		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Threatened with physical harm		Yes	Yes	

Occurrence of Mistreatment	MS1	MS2	MS3	MS4
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Physically harmed		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Required to perform personal services		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Subjected to unwanted sexual advances		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Asked to exchange sexual favors for grades or other rewards		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Denied opportunities for training or rewards based on gender		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Subjected to offensive, sexist remarks/names		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Received lower evaluations/grades based on gender		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Denied opportunities for training or rewards based on race or ethnicity		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Subjected to racially or ethnically offensive remarks/names		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Received lower evaluations or grades solely because of race or ethnicity rather than performance		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Denied opportunities for training or rewards based on sexual orientation		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Subjected to offensive remarks, names related to sexual orientation		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Received lower evaluations or grades solely because of sexual orientation rather than performance		Yes	Yes	
Please indicate the frequency you personally experienced the following behavior during [x] Phase: Subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity, or sexual orientation		Yes	Yes	
Person(s) Engaged in Mistreatment	MS1	MS2	MS3	MS4
If you had indicated that you experienced one of the previous mistreatment behaviors, please select the type of individuals who demonstrated the behaviors. Classroom faculty, College Mentor, PCP preceptor, Other MDs, Nurse, Administrator, Other employee, student		Yes		