

WCVM 580 Externship Evaluation

(Note: This form must be filled in and returned before a final grade can be assessed.)

Name: _____ Date: _____

Nature of Externship: _____
(cardiology, oncology, private practice, university, etc.)

Location of Externship: _____

What were the main reasons for you doing an externship?

Describe briefly what the case load was like:

Describe briefly what you did on an average day:

Describe briefly facilities and special equipment that was available:

Who was your supervisor? _____

Was the level of supervision adequate? _____

Was your supervisor accessible and receptive to your questions? _____

Were there formal rounds/small group discussions? (Describe these briefly):

Were you satisfied with the experience? _____

Would you recommend this externship to others in the future? _____

Do you have any advice regarding accommodations, etc.?

Please rate the externship according to your perception of the cost/benefit ratio:

- | | | | |
|----------|---------------------------------|----------|-----------------------|
| A | Well worth it | B | Good but expensive |
| C | No benefit over staying at WCVM | D | Not worth the expense |

Please comment on what you thought the strengths and weaknesses of this experience were:

Strengths

Weaknesses

AVAILABLE FOR
COMPLETION ON PAWS

Signature: _____
(Faculty Advisor)

**Faculty Advisor is to review
and sign Case Log**

Return completed form to the Student Services Office, Room 4117.