



MODEL MADRES

STUDENT EVALUATION

Student _____

Mentor(s) _____

Date of Participation _____ Today's date _____

Model Madres components to be rated in this evaluation only:

1. Outpatient FCM, OB, PEDS
2. Community Health Organizations
3. Interdisciplinary Learning
4. Mentoring
5. Longitudinal patient care and utilization of team care

Instructions:

To be determined once place on line.

Goals of Model Madres

I. FCM, OB/GYN, PEDS (Outpatient clinics available for continuity)

Please rate the effectiveness of the integration program Model Madres in meeting goals:

	1. Not Effective	2. Somewhat Effective	3 Effective	4 Very Effective
a To experience continuity in ambulatory care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b To increase skills in history taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c To increase skills in physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d To increase skills in clarity of documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e To increase presentation skills in a clear & concise manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f To experience providing coordinated interdisciplinary patient centered care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g To learn about support organizations to assist with patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h To work on learning goals based on feedback from your interdisciplinary mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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II. Community Health

Please rate the effectiveness of the community health program goals as follows:

	1. Not Effective	2. Somewhat Effective	3 Effective	4 Very Effective
a To learn about financing health care for vulnerable populations in the Central Valley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b To learn about community service organizations in the Central Valley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c To learn about vulnerable populations in the Central Valley in a culturally sensitive manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have other personal/professional/educational goals for the Model Madres Program? If so, please list and indicate how effective the program was in meeting these goals. Use the same key as above for rating.



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III. Interdisciplinary Learning Opportunities

1. How would you rate your abilities in these areas after participating in the integrated program.

	NO EXPERIENCE	MINIMAL EXPERIENCE FOR CURRENT LEVEL IN MED SCHOOL	AVERAGE EXPERIENCE FOR CURRENT LEVEL IN MED SCHOOL	ABOVE AVERAGE EXPERIENCE FOR CURRENT LEVEL IN MED SCHOOL	HIGHLY EXPERIENCED FOR CURRENT LEVEL IN MED SCHOOL
a. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical Exam Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interpretation of Diagnostic Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. SOAP Note Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patient Education/Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical Problem Solving using Evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use of translators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Mentoring Opportunity

- Did you meet with your mentor at least three times.

FCM	Yes	No
OB	Yes	No
PEDS	Yes	No
- Were you able to apply mentoring goals to your educational plans?

FCM	Yes	No
OB	Yes	No
PEDS	Yes	No

If not why not? _____



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V. Longitudinal patient care/team care

1. Were you able to share patient care with other Madres student team caregivers? Yes No
2. How many continuity Madres patients were you able to work with? _____
3. How many patients were you able to follow to a referral appointment? _____

Please rate as appropriate.

	NO KNOWLEDGE// NOT COMFORTABLE	SOME KNOWLEDGE// COMFORT	AVERAGE KNOWLEDGE// COMFORT	ABOVE AVERAGE KNOWLEDGE/ COMFORT	EXTREMELY KNOWLEDGABLE/ COMPLETELY COMFORTABLE
4. How would you rate your knowledge regarding health care in the Central San Joaquin Valley?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate your knowledge of interdisciplinary care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How would you rate your comfort level working with underserved/uninsured patient populations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate your comfort level with interdisciplinary care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Career Choices

1. What is your major career interest after Model Madres?
 Primary care (family medicine, general internal medicine or pediatrics)
 Specialty
 Undecided
2. After taking this Model program, do you feel more inclined to pursue a residency in Fresno?
 Yes No Maybe

Why? _____

3. After taking this Model program, do you feel more inclined to practice in:
 - a. A medically underserved area Yes No Maybe
 - b. An interdisciplinary practice Yes No Maybe
4. After taking this Model program, do you feel more inclined to participate in other UCSF Fresno Medical Education Programs? (For example, cores or electives?)
 Yes No Maybe
5. Would you recommend this Model experience to other students?
 Yes No Maybe
6. Please describe one experience that was most meaningful during Model Madres?

7. Additional comments.