

Student:

Preceptor:

Date of Clinical Experience (Please Circle): May 21—June 1, 2001 or June 4—June 15, 2001

Kirksville College of Osteopathic Medicine
Evaluation of Preceptor Performance in Clinical Experience Rotation

Please mark the answer that most accurately reflects your evaluation of this preceptorship.

1. Were the orientation sessions helpful in preparation for CE? Yes____ No____

2. Did the preceptor discuss what was expected of you at the start of the rotation? Yes____
No ____

3. Were you given an overview of the preceptor's office (i.e. receptionist's duties, appointment scheduling, billing, etc.)? Yes ____ No ____

4. Describe briefly the variety of cases you observed.

5. Did the preceptor seem interested and supportive of the student program? Yes ____
No ____

6. If didactics were offered during this rotation, briefly describe.

7. Which of the following rounds were conducted with you? Hospital____ Home Visits____
Nursing Home____ Other (Sports Med., ER, etc.) ____ None of the Above____

8. How did the experiences provided in this preceptorship compare to your educational and ability level? Far Below____ Below____ About Right____ Above____ Far Above____

9. What percentage of your total patient care time was spent in the following levels of involvement?
Observed____ Assisted____ Performed____ (total should equal 100%)

10. How comfortable did you feel about working with patients at the beginning of the preceptorship?

	Not at All	Somewhat	Comfortable	Very	Extremely
History Taking					
Physical Exams					
Venipuncture					
Injections					
Patient Contact					

11. How comfortable did you feel about working with patients at the end of the preceptorship?

	Not at All	Somewhat	Comfortable	Very	Extremely
History Taking					
Physical Exams					
Venipuncture					
Injections					
Patient Contact					

12. Describe the feedback provided to you by your preceptor.

Not enough feedback____ Helpful and appropriate____ Too critical____

13. You found the organization of the course to be:
Unsatisfactory_____ Below average_____ Average_____ Above Average_____ Outstanding_____

14. Were there problems associated with: Travel? Yes_____ Housing? Yes_____ (if yes to either question, please No _____ No _____ comment on below)

15. Please rate the support of the following:

	Outstanding	Above Average	Average	Below Average	Unsatisfactory
General Practice Staff					
KCOM-AHEC Staff					
Regional AHEC Staff					

16. You would rate the overall quality of the program:
Unsatisfactory_____ Below average_____ Average_____ Above Average_____ Outstanding_____

17. Would you recommend this training site/preceptor to other students? Yes_____ No_____

18. What impressed you most about this preceptor site?

19. What do you feel are the weaknesses of this preceptor site?

20. What are your suggestions for improvements of this site?

21. Additional comments:
