**STUDENT:**

**PRECEPTOR’S NAME:**

**PCM2 STUDENT EVALUATION OF PRECEPTOR**

**The final requirement of this preceptorship component of PCM 2 is your evaluation. Please answer**

**the following questions, and feel free to add your comments.**

**Your evaluation of the program and your preceptor is valuable. Thank you!**

*Mary Boyle, MD, Course Director, Nathan Derhammer, M.D. Assistant Course Director*

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| --- | --- | --- |
| **TOPIC** | **ANSWER**  ***(please select/highlight)*** | **COMMENT** |
| My site assignment was accessible and accommodating. | **Yes 🞏 No 🞏** |  |
| My preceptor made time for me. | **Yes 🞏 No 🞏** |  |
| My preceptor provided constructive feedback in a timely manner. | **Yes 🞏 No 🞏** |  |
| My preceptor (or designate) usually answered my pages/calls to set up patient interviews and appointments. | **Yes 🞏 No 🞏** |  |
| My preceptor found appropriate patients for an M2 learning H&Ps to interview and examine. | **Yes 🞏 No 🞏** |  |
| My preceptor provided feedback on my write-ups. | **Yes 🞏 No 🞏** |  |
| My preceptor watched me do part of a history on a patient. | **Yes 🞏 No 🞏** |  |
| My preceptor treated me with respect | **Yes 🞏 No 🞏** |  |
| I witnessed my preceptor treating others with respect. | **Yes 🞏 No 🞏** |  |
| My preceptor directly observed me do some of the physical exam steps. | **Yes 🞏 No 🞏** |  |
| I did an oral presentation of cases for my preceptor. | **Yes 🞏 No 🞏** |  |
| I felt safe at the preceptor’s office/hospital | **Yes 🞏 No 🞏** |  |
| I would recommend this site/assignment for next year. | **Yes 🞏 No 🞏** |  |

# COMMENTS (REQUIRED):