

## Paul L. Foster School of Medicine SCI Community Clinic Preceptor

## MID YEAR 1 – MEDICAL STUDENT FEEDBACK FORM

**NOTE: Evaluations are given midyear year 1 & at the end of year 1 & end of year 2.**

**Student: (REQUIRED) Please fill in this Section before you give this to the Preceptor.**

Student:

Class of 2020

Preceptor:

Visit date/time:

**Preceptor – Please respond below.**

**I. FREQUENCY OF CONTACT:**

I have met with this student a total of: CIRCLE: 1 2 3 (estimate as needed)

*If more than 1 visit, please respond to this questions:*

Since I began working with this student I have observed:

*If more than one meeting:*

**Diminished  
Performance**

**No Change/  
Consistent**

**Overall  
Improvement**

***I am unable to  
comment***

**II. FEEDBACK ON TODAY'S VISIT:**

Please comment on any area of interest from today's visit including ***Punctuality, Dress, Respectfulness, Professionalism; Medical Knowledge & Skills, and Interpersonal & Communication Skills.***

**III. MID FIRST YEAR VISIT DEVELOPMENTAL FEEDBACK**

**(For 3<sup>rd</sup> Primary Preceptor visit of 7 total visits over 2 years)**

Please provide feedback based on your observation of this student on their early development as a future physician. Areas for discussion may include: ***Professionalism; Medical Knowledge, Interpersonal and Communication Skills; or any other areas of interest.***

**AREAS OF COMPETENCE OBSERVED:**

**AREAS RECOMMENDED FOR IMPROVEMENT:**

**Please indicate this assessment requires follow up with you by the SCI Directors? YES \_\_\_ NO \_\_\_**

**Preceptor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Contact Dr. Lee Rosenthal or Barbara Stives as needed c/o [SCI-ElPaso@ttuhsc.edu](mailto:SCI-ElPaso@ttuhsc.edu) or at (915) 215-4352.

**Dear Preceptor - Please MAIL this form in the stamped addressed envelope provided.**

Please return this form within one(1) week of the final student visit date for Spring 2017 – mail by 12/31/2017.