

Paul L. Foster School of Medicine SCI Community Clinic Preceptor

FINAL 2nd YEAR MEDICAL STUDENT VISIT 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 2021

Preceptor:

Visit date/time:

Preceptor – Please respond below.

I. FREQUENCY OF CONTACT:

I have work with this student in Academic Year 2016-2017 ___ and Academic Year 2017-2018 ____
I have met with this student 1-7 times: ____ (please provide an estimate)

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:

Overall Improvement

No Change

Diminished Performance

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. FINAL VISIT FEEDBACK

Please provide feedback based on your observation of this student to help them as they prepare for their role as a future physician. Areas for discussion may include: Professionalism; Medical Knowledge, Interpersonal and Communication Skills; or any other areas of interest. (Feel free to use page back.)

AREAS OF COMPETENCE OBSERVED:

AREAS RECOMMENDED FOR IMPROVEMENT:

Please indicate if this visit 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 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 2018 – mail by 3/31/2018.