

**Evaluation of Community Faculty Site**

Date \_\_\_\_\_

Faculty Name \_\_\_\_\_

Did you participate in the following?

- 1. Office            Y     N
- 2. Hospital        Y     N
- 3. ER                Y     N
- 4. L&D            Y     N
- 5. Nursing Home Y     N
- 6. Home Visit     Y     N
- 7. # hours/worked /week \_\_\_\_\_
- 8. Other \_\_\_\_\_

Partners \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area(s) of Interest \_\_\_\_\_

\_\_\_\_\_

Electronic Med Record    Y     N

Housing?                    Y     N

Circle the following regarding your preceptor

	0 Unable to Evaluate	1-Rarely	2-Occasionally	3-Frequently	4-Almost always
1. Demonstrated interest in my learning	0	1	2	3	4
2. Gave me appropriate level of responsibility	0	1	2	3	4
3. Allowed me to participate in procedures	0	1	2	3	4
4. Encouraged questions, was approachable	0	1	2	3	4
5. Observed my exam of patients	0	1	2	3	4
6. Explained rationale patient management	0	1	2	3	4
7. Demonstrated a positive attitude towards medicine	0	1	2	3	4

Did you have access to the Internet?    Y     N

Does your preceptor have access to the USA Biomedical Library?

When a clinical question arises what resources does your preceptor use?

Textbook    Online resources (such as UpToDate)    Consultant    Other \_\_\_\_\_

What are the strengths of you preceptor as a teacher?

What were your likes or dislikes about this site?