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?