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**RURAL CLERKSHIP ROTATION**

**SITE EVALUATION**

Clerkship Type: FM \_\_\_\_ IM \_\_\_\_ Peds \_\_\_\_ OB/GYN \_\_\_\_ Surg \_\_\_\_ PCP/Ger \_\_\_ Other \_\_\_\_

Student’s Name: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ From\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the appropriate number:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Completely Agree** | **Generally****Agree** | **Undecided** | **Generally****Disagree** | **Completely Disagree** |
| **THE SITE** | **(5)** | **(4)** | **(3)** | **(2)** | **(1)** |
| Patients were scheduled to allow me to have continuity in patient care. | 5 | 4 | 3 | 2 | 1 |
| The office staff was helpful, supportive, and participated in my education. | 5 | 4 | 3 | 2 | 1 |
| The nursing staff was helpful, supportive, and participated in my education. | 5 | 4 | 3 | 2 | 1 |
| Other healthcare providers including Physician Assistants and Nurse Practitioners at this site were helpful and supportive, and participated in my education. | 5 | 4 | 3 | 2 | 1 |
| I had adequate personal workspace at my assigned clinical setting. | 5 | 4 | 3 | 2 | 1 |
| Adequate study time was allowed for the quizzes/exams required during this clerkship.  | 5 | 4 | 3 | 2 | 1 |
| Overall, the number of patients I saw was:  | Too many | Just right | Too few |
| Housing provided for me was clean and safe. | 5 | 4 | 3 | 2 | 1 |
| The site coordinator was helpful, supportive, and understood what was needed.  | 5 | 4 | 3 | 2 | 1 |
| The orientation at the rural site helped integrate me into practice.  | 5 | 4 | 3 | 2 | 1 |
| The site visit conducted by department faculty was helpful in addressing and resolving problems and questions.  | 5 | 4 | 3 | 2 | 1 |
| The hospital administration was supportive of my presence within the medical community. | 5 | 4 | 3 | 2 | 1 |
| The on-line communication with the Health Science Center Library and other academic resources were adequate. | 5 | 4 | 3 | 2 | 1 |
| I increased my osteopathic manipulation skills. | 5 | 4 | 3 | 2 | 1 |
| I would recommend this site to other students. | 5 | 4 | 3 | 2 | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **THE PRECEPTOR** |  |  |  |  |  |
| Observed my clinical performance \_\_\_\_\_ of the time | >90% | 75-90% | 50-74% | 10-49% | <10% |
| Was accessible for discussions, questions, and consultations.  | 5 | 4 | 3 | 2 | 1 |
| Gave adequate feedback (chart review, suggestions, etc.) | 5 | 4 | 3 | 2 | 1 |
| Gave direct feedback (told me how I was doing). | 5 | 4 | 3 | 2 | 1 |
| Provided clear and understandable communication. | 5 | 4 | 3 | 2 | 1 |
| Maintained reasonable expectations. | 5 | 4 | 3 | 2 | 1 |
| Integrated me into the practice with appropriate explanations and introductions.  | 5 | 4 | 3 | 2 | 1 |
| Seems to have a good working relationship with office and hospital personnel, and other physicians. | 5 | 4 | 3 | 2 | 1 |
| Participates actively in hospital and community medical activities.  | 5 | 4 | 3 | 2 | 1 |
| Integrated me into the community through agencies, leaders, and organizations. | 5 | 4 | 3 | 2 | 1 |
| Demonstrated a clear knowledge and understanding of the ROME curriculum.  | 5 | 4 | 3 | 2 | 1 |

**COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*PLEASE RETURN THIS FORM TO THE OFFICE OF RURAL MEDICAL EDUCATION WITHIN 3 WORKING DAYS OF COMPLETION\***