

# NC AHEC ORPCE Community Rotation Evaluation

Course and School:

Student Name:

Primary Preceptor:

Practice Name:

Dates of Rotation:

Housing Location:

Please rate the various aspects of your rotation according to the scale below. This feedback may be shared with the preceptor as part of a composite evaluation and will be used to develop future ORPCE activities.

Please use the following rating scale:

- 5 = Exceptional - the best you have ever seen
- 4 = Superior - better than most
- 3 = Competent - acceptable or adequate
- 2 = Marginal - not quite up to expectations
- 1 = Deficient - poor instruction
- NA = Not Applicable

## The Primary Preceptor/Clinical Instructor:

	NA	1	2	3	4	5
Asked about my learning objectives and set clear expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assigned an appropriate level of responsibility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated pride in the profession/good role model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempted to tailor teaching based on my learning style.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asked questions that stimulated my thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided opportunities to practice technical and problem solving skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided me with frequent feedback based on direct observation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided balanced feedback (both strengths and weaknesses).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was available; provided adequate supervision and guidance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged me to join at hospital, nursing home visits, etc....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated an interest in teaching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met with me to evaluate my performance at the end of rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modeled attention to patient and family concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated knowledge of community resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modeled teamwork with staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## The Practice Site:

	NA	1	2	3	4	5
I felt accepted at the practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned about the practice population and the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was made an integral part of the practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other practitioners and staff were willing to help teach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was exposed to the business side of the practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This site is a caring environment for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For any categories marked "poor" or "marginal," give a brief explanation below. Other comments are also welcome.

In addition to the primary preceptor, please list other individuals who worked with you at the practice and their professions:

**Educational Materials:** (Available at practice site, hospital or AHEC)

	NA	1	2	3	4	5
Collection of books, journals, articles, audiotapes, videotapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer available for educational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of software packages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Housing:**(If applicable)

	NA	1	2	3	4	5
The housing was clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt safe in the housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The housing was convenient to the practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing procedures, forms, etc. were clear & accessible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments about the housing:

Please describe the strengths of the preceptor/practice site:

Please describe any areas where the preceptor, practice, or rotation can be improved:

Overall, I rate the educational quality of this rotation as:

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor                  |                       | Average               |                       | Outstanding           |

Thank you for completing this evaluation form.

Please return to:

**Wake AHEC**

An affiliate of WakeMed and the University of North Carolina  
Area Health Education Centers Program

Student and Career Services  
Office of Regional Primary Care Education (ORPCE)

3261 Atlantic Ave, Suite 212  
Raleigh, North Carolina 27604-1657  
Telephone: 919-350-0483  
Fax: 919-350-0498

Web: [www.wakeahec.org](http://www.wakeahec.org)