

STUDENT BACKGROUND AND INTERESTS

Name _____ Age _____

Personal Information: Please write something about yourself that will help your preceptor know you better as an individual. (Continue on the other side as needed.)

Medical Interests:

- A. What aspects of medicine/nursing do you find most interesting or appealing? Why?

- B. What aspects of medicine/nursing do you find least interesting or appealing? Why?

- C. Where are you in the process of making a career choice?

Clinical Background:

A. List the rotations/clinical electives you have completed.

__ Medicine

__ Psychiatry

__ Surgery

__ OB/GYN

__ Pediatrics

Specify any clinical electives taken: _____

B. What other types of clinical/ambulatory care experience have you had?

C. Please indicate below your level of experience with the procedures listed.

Procedure	No Experience	Need More Experience	Considerable Experience
Abscess incision/drain			
Chest x-ray, reading			
EKG, reading			
Foreign body removal			
Gram stain, interpretation			
Growth charts			
Hematocrit			
KOH/skin			
Laryngoscopy			
Pap smear			
Rapid strep test			
Stool guaiac testing			
Suturing			
Sutures/staples removal			
Throat culture			
Urinalysis			
Wet mount/vaginal analysis			
Write referral letter			
Write rx			
Read X-ray, extremity			
Other:			

D. Are there other procedures with which you feel you need specific instruction?

E. Please indicate your level of experience with the following types of examinations.

Examination	No Experience	Need More Experience	Considerable Experience
Prenatal			
Newborn			
Postnatal			
Well-child			
Adolescent			
Complete adult			
Directed			
Breast			
Pelvic			
Genitourinary			
Rectal			
Prostate			
Family assessment			
Ear			
Neurological			
Ankle			
Other:			

F. Are there other areas in which you feel you need specific instruction?

G. Please describe your level of comfort dealing with psychosocial issues.

H. Please indicate your level of experience with the following clinical problems.

Problem	No Experience	Need More Experience	Considerable Experience
Health Maintenance (Immunization, Screening, etc.)			
Hypertension			
Simple Trauma			
U.R.I.			
Lower Respiratory Infection			
Diabetes Mellitus			
Obesity			
Depression/anxiety			
Arteriosclerosis			
COPC (Chronic Bronchitis and emphysema)			
Abdominal Pain (including peptic ulcer)			
Urinary tract Infections			
Arthritis			
Headache			
Dermatitis			
Vaginitis			
Asthma			
Back Pain			
Alcohol Problem			
Contraception			

Special Requests

A. Please indicate any special topics, skills or problems you hope to address during this rotation. Include any ideas about how your special interests might be addressed.

B. Please indicate any specific areas on which you would like to receive direct feedback during this rotation.