

NC AHEC ORPCE Community Rotation Evaluation

Student Name _____ Course, School _____
 Practice Name _____ Primary Preceptor _____
 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:

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

The Practice Site:

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

For any categories marked “poor” or “marginal,” give a brief explanation below.

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

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

	5	4	3	2	1	NA
Collection of books, journals, articles, audiotapes, videotapes						
Computer available for educational activities						
Collection of software packages						
Internet access						

Housing: (If applicable)

	5	4	3	2	1	NA
The housing was clean.						
I felt safe in the housing.						
The housing was convenient to the practice.						
Housing procedures, forms, etc. were clear & accessible.						
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
 Poor Average Outstanding

Thank you for completing this evaluation form.

Please return to: ATT: Sandra Stanley
 Southern Regional AHEC
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 Fayetteville, NC 28304