

## \*THIS FORM IS REQUIRED FOR STUDENT TO RECEIVE CREDIT\* ONCE ROTATION IS COMPLETE, PLEASE FAX TO 512-329-8237

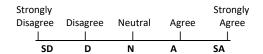
| Preceptor's Name           | Student's Name                        |
|----------------------------|---------------------------------------|
| Preceptorship Dates Start: | End:                                  |
| Total days worked:         | Dates the student was absent (if any) |

## **TEXAS FAMILY MEDICINE PRECEPTORSHIP PROGRAM**

## PRECEPTOR'S EVALUATION OF STUDENT PERFORMANCE

Please circle the response that best describes your experience with the student being evaluated.

Omit any item that you feel you are unable to evaluate.



| 1. | The student took his/her responsibilities as a medical student seriously.  | SD | D | N | Α | SA |
|----|--|----|---|---|---|----|
| 2. | The student arrived on time for the required components of the preceptorship experience.                               | SD | D | N | Α | SA |
| 3. | The student expressed an interest in the underlying content material of family practice.                               | SD | D | N | Α | SA |
| 4. | The student demonstrated an ability to interact courteously and professionally with members of the staff and patients. | SD | D | N | Α | SA |
| 5. | The student demonstrated the ability to establish rapport with patients.   | SD | D | N | Α | SA |
| 6. | The student demonstrated commitment to patient care.   | SD | D | N | Α | SA |
| 7. | The student asked questions about and expressed some understanding of the familial nature of family practice.          | SD | D | N | A | SA |
| 8. | The student actively solicited help when he/she needed it.   | SD | D | N | Α | SA |
| 9. | The student seemed to listen to and accept feedback in a constructive manner.  | SD | D | N | Α | SA |
| 10 | . The student demonstrated an awareness of the relationship of family physicians to their community.                   | SD | D | N | Α | SA |

| 11. The student demonstrated an awareness of the appropriate use of community resources available for comprehensive patient care. | SD        | D    | N    | Α    | SA |
|---|-----------|------|------|------|----|
| 12. The student can take a history from a patient that is appropriate for his/her level of training.                              | SD        | D    | N    | Α    | SA |
| 13. The student can perform a physical examination that is appropriate for his/her level of training.                             | SD        | D    | N    | Α    | SA |
| 14. The student demonstrated a fund of basic knowledge that is appropriate for his/her level of training.                         | SD        | D    | N    | Α    | SA |
| 15. The student achieved a level of overall performance that is satisfactory.   | SD        | D    | N    | Α    | SA |
| comment on any aspect of the student's performance, whether to point out an need.   | n area of | exce | menc | e or |    |
|   |           |      |      |      |    |
| Preceptor's Signature Date  |           |      |      |      |    |

## Please fax to the TFMPP office (512) 329-8237 or mail to:

TFMPP c/o Angelina Trevizo 12012 Technology Blvd., Ste 200 Austin, TX 78727