Brown Medical School
Core Clerkship in Family Medicine
Student’s Evaluation of Clinical Preceptor

Clerkship ___________________________ Preceptor ___________________________

Dates Taken _________________________ Student (Optional) ___________________

Training Site _________________________ Approximate Contact ________________

Hours per Week _____

Please evaluate the teaching abilities of the above-named preceptor by placing the number of your rating on the line at the left of each performance aspects by using:

5 = excellent 4 = good 3 = satisfactory 2 = fair 1 = poor

1. _____ Degree to which facilitates student-faculty interaction (e.g. punctuality, attendance and/or availability)

2. _____ Interest, ability and enthusiasm for teaching (e.g. prepared, makes the experience interesting, focuses on appropriate issues, communicates effectively, develops skills)

3. _____ Gives frequent and constructive feedback that is helpful to the learner.

4. _____ Imparts an understanding to total patient care (e.g. provides guidance in appreciating social, environmental and ethical issues; concerned and supportive of students' sensitivity to all the needs of the patient)

OTHER COMMENTS:

We appreciate your cooperation in completing this form. The information may be used in the process of reappointment and/or promotion for the faculty member rated above.