Preceptors, please provide feedback on our student’s progress mid-way through his/her rotation.

All domains are essential to providing a complete student evaluation of the program defined learning outcomes. Please contact the PA Program if you have questions or concerns. Preceptors should take into account the timing of this clerkship with respect to the student’s clinical training.

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| --- |
| **Student Name: Rotation #**  |
| **Clinical Preceptor Name: Dr. Linda Fan**  |
| **Site Name: Kings County Hospital & SUNY Downstate Hospital**  |
| **Rotation Type: IMED SURG Geriatrics Pediatrics EMED PSYCH OBGYN Family Medicine** |

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| --- | --- | --- | --- | --- |
| ***Please check the appropriate box for each category.******\*Please explain any indices that were “Below Expectations” in the Comments section*** | **Below Expectations** | **Meets Expectations** | **Exceeds Expectations** | **Not****Applicable** |
| Medical Fund of Knowledge |  |  |  |  |
| History Taking Skills |  |  |  |  |
| Physical Exam Skills |  |  |  |  |
| Interpreting Labs-Diagnostic Tests |  |  |  |  |
| Formulating Differential Diagnoses |  |  |  |  |
| Management and Treatment Plans |  |  |  |  |
| Written Documentation (Concise and Pertinent) |  |  |  |  |
| Oral Presentation (Concise and Pertinent) |  |  |  |  |
| Communication Skills: (e.g. Interaction, Patient education) |  |  |  |  |
| Clinical reasoning skills and problem-solving abilities |  |  |  |  |
| **Professional Behavior:** |
| Enthusiasm & Self-motivation |  |  |  |  |
| Accepts criticism |  |  |  |  |
| Recognizes own limitations |  |  |  |  |
| Functions well in a team |  |  |  |  |
| Displays cultural competency |  |  |  |  |
| Rapport with clinic staff |  |  |  |  |
| Dependable & Punctual |  |  |  |  |

Comments:

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**Clinical Preceptor Signature:**

**Clinical Preceptor (PRINT Name):**

**Student Signature:**

**Preceptor Stamp (if available):**

**Date:**