



STUDENT CLERKSHIP QUESTIONNAIRE

Caribbean Medical University

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This form is to be completed and returned to the Clinical Department by fax or mail.

STUDENT INFORMATION

TO BE COMPLETED BY THE STUDENT

1 Student's Full Name:

Last/Family Name/Surname

First/Given/Personal

Middle

ROTATION DATA

TO BE COMPLETED BY THE STUDENT AT THE END OF THE ROTATION

2 Rotation Name:

Core

Elective

3 Preceptor's Full Name:

Last and First Name

Position

4 Site:

5 Rotation Dates:

/ /
Start Date (mm/dd/yy)

/ /
End Date (mm/dd/yy)

Weeks Completed:

SUMMARY

6 Please describe the preceptor's strongest & weakest areas. Do you believe the preceptor can improve in anyway?

7 Please describe the strongest & weakest areas of this rotation?

8 Would you recommend this preceptor/rotation? Why or Why Not?

9 Overall Feedback: *(Concerns/Suggestions/Compliments)*

Feedback

10 Feedback Chart

Using a scale of 1-5, please rank the preceptor and rotation based on your experience.

<i>please darken bubble</i>	excellent	good	average	below average	poor	N/A
Preceptor's Professionalism	⑤	④	③	②	①	①
Willingness to Teach	⑤	④	③	②	①	①
Attitude of Preceptor	⑤	④	③	②	①	①
Provided Constructive Criticism	⑤	④	③	②	①	①
Empathetic with Patients	⑤	④	③	②	①	①
Communication with Staff	⑤	④	③	②	①	①
Adequate Patient Interaction	⑤	④	③	②	①	①
Safe Learning Environment	⑤	④	③	②	①	①
Participation in Procedures	⑤	④	③	②	①	①
Attended Lectures/Rounds	⑤	④	③	②	①	①
New Knowledge & Skills	⑤	④	③	②	①	①
Rotation Objectives Met	⑤	④	③	②	①	①

Please note that all clerkship questionnaires are for internal use only and will not be released to the preceptor or clinical site. The questionnaires will be used for quality assure and program enchancement purposes.

Students's Signature _____

Date ___ / ___ / ___

FOR OFFICE USE ONLY		
Date	Staff Member	Remarks