



# STUDENT CLERKSHIP QUESTIONNAIRE

## Caribbean Medical University

**Campus:** Pater Euwensweg 25, Willemstad, Curacao • Phone: (+5999) 461-5668  
**Clinical Department:** 5600 N River Road Suite 800 • Chicago, Illinois • 60018, United States  
Phone: (888) 877 4268 • Fax: (224) 499-7454 • Email: [clinical@cmumed.org](mailto:clinical@cmumed.org) • Web: <https://www.cmumed.org>  
**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: \_\_\_\_\_ Position \_\_\_\_\_  
*Last and First Name*

4 Site: \_\_\_\_\_

5 Rotation Dates:     /     /     /     / \_\_\_\_\_ Weeks Completed:          
*Start Date (mm/dd/yy)* *End Date (mm/dd/yy)*

### 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