UAMS REGIONAL PROGRAMS
PRECEPTORSHIP 2017
Preceptor's Evaluation of Student

_____ _____/_____/ 2017 to _____/_____/2017
Preceptor's Name Dates of Preceptorship

_____ _____
Student's Name City and Region (East, NE, NC, NW, etc.)

Please complete this assessment of how thoroughly this student accomplished the objectives of the Preceptorship Program.

During the Preceptorship experience, the student:

	Yes	No
Learned the importance of the physician/patient relationship.		
Displayed a positive attitude and was eager to learn.		
Appeared to understand the basic principles of office management and standard methods of business practice.		
Related well to patients.		
Appropriately demonstrated the elements of an effective patient interview, including a history and physical.		
Learned the value of maintaining accurate clinical records.		
Used scientific reasoning in a standard approach to clinical problem solving.		
Observed and/or performed simple diagnostic & therapeutic procedures.		

Comments on student performance:

In your observation, what did the student do well?

What areas does the student needs to pay attention over the course of his/her medical education?

Would you be willing to serve as a preceptor next summer? ☐ Yes ☐ No

Thank you for your feedback on this student!
Return the evaluation in the pre-stamped envelope included in your orientation packet or fax to the Regional Programs Central Office at 501-686-8506.