

STUDENT BACKGROUND AND INTEREST PROFILE

(Please give to your preceptor upon completion.)

Name _____ Age _____
School _____ Degree Sought _____

Personal Information: Please write something about yourself that will help your preceptor know you better as an individual. (Continue on the other side as needed)

Medical Interests:

A. What aspects of medicine do you find most interesting or appealing? Why?

B. What aspects of medicine do you find least interesting or appealing? Why?

C. Where are you in the process of making a career choice?

Clinical Background:

A. Check the rotations/clinical electives you have completed.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Pediatrics | |

Specify any clinical electives taken: _____

B. What other types of clinical/ambulatory care experience have you had?

C. Please indicate below your level of experience with the procedures listed.

Procedure	No Experience	Need More Experience	Considerable Experience	Comments
Abscess incision/drain				
Chest x-ray, reading				
EKG, reading				
Foreign body removal				
Gram stain, interpretation				
Growth charts				
Hematocrit				
KOH/skin				
Laryngoscopy				
Pap smear				
Rapid strep test				
Stool guaiac testing				
Suturing				
Sutures/staples removal				
Throat culture				
Urinalysis				
Wet mount/vaginal analysis				
Write referral letter				
Write rx				
Read x-ray, extremity				
Other:				

D. Are there other procedures with which you feel you need specific instruction?

E. Please indicate your level of experience with the following types of examinations.

Examination	No Experience	Need More Experience	Considerable Experience	Comments
Prenatal				
Newborn				
Postnatal				
Well-child				
Adolescent				
Complete adult				
Directed				
Breast				
Pelvic				
Genitourinary				
Rectal				
Prostate				
Family assessment				
Ear				
Neurological				
Ankle				
Other:				

F. Are there other areas in which you feel you need specific instruction?

G. Please describe your level of comfort dealing with psychosocial issues.

H. Please indicate your level of experience with the following clinical problems.

Problem	No Experience	Need More Experience	Considerable Experience	Comments
Health Maintenance (Immunization, Screening, etc.)				
Hypertension				
Simple Trauma				
U.R.I.				
Lower Respiratory Infection				
Diabetes Mellitus				
Obesity				
Depression/anxiety				
Arteriosclerosis				
COPC (Chronic Bronchitis and emphysema)				
Abdominal Pain (including peptic ulcer)				
Urinary tract Infections				
Arthritis				
Headache				
Dermatitis				
Vaginitis				
Asthma				
Back Pain				
Alcohol Problem				
Contraception				

Special Requests

A. Please indicate any special topics, skills or problems you hope to address during this clerkship. Include any ideas about how you special interests might be addressed.

B. Please indicate any specific areas on which you would like to receive direct feedback during this clerkship.