

**MAHEC ORPCE Community Rotation Evaluation**

Student Name \_\_\_\_\_  
 Practice Name \_\_\_\_\_  
 Dates of Rotation \_\_\_\_\_

Course, School \_\_\_\_\_  
 Primary Preceptor \_\_\_\_\_  
 Housing location \_\_\_\_\_

Please rate the various aspects of your rotation according to the scale below. This feedback may be shared with the preceptor as part of a composite evaluation and will be used to develop future ORPCE activities.

**Please use the following rating scale:**

- 1 – Poor, deficient**
- 2 – Marginal: not quite up to expectations**
- 3 - Acceptable**
- 4 - Better than most**
- 5 - The best you have ever seen**
- N/A - Not applicable/ you cannot judge**

**Primary Preceptor**

	5	4	3	2	1	N/A
Asked for my learning objectives and set clear expectations						
Assigned appropriate level of responsibility						
Demonstrated pride in the profession/good role model						
Attempted to tailor teaching based on my learning style						
Asked questions that stimulated my thinking						
Provided opportunities to practice technical and problem solving skills						
Provided me with frequent feedback based on direct observation						
Provided balanced feedback (both strengths and weaknesses)						
Was available; provided adequate supervision and guidance						
Encouraged me to join at hospital, nursing home visits, etc.						
Demonstrated an interest in teaching						
Met with me to evaluate my performance at the end of the rotation						
Modeled attention to patient and family concerns						
Demonstrated knowledge of community resources						
Modeled teamwork with staff						

**Practice**

	5	4	3	2	1	N/A
I felt welcome at the practice						
I learned about salient characteristics of the practice population and						
I was exposed to the business side of medical practice						
Other staff were helpful and willing to teach						
This is a caring environment for patients						
I had access to books, journals, a computer, and/or the internet to do						

For any categories marked “poor” or “marginal”, give a brief explanation below.

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In addition to the primary preceptor, please list other individuals who worked with you and their professions:

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**Educational Materials (available at practice site, hospital, or AHEC):**

	5	4	3	2	1	N/A
Collection of books, journals, articles, audiotapes, videotapes						
Computer available for educational activities						
Collection of software packages						
Internet access						

**Housing: (if applicable)**

	5	4	3	2	1	N/A
The housing was clean						
I felt safe in the housing						
The housing was convenient to the practice						
Housing procedures, forms, etc. were clear & accessible						
Any other comments about housing?						

Please describe the strengths of the preceptor and the practice:

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Please describe any areas where the preceptor, practice, or rotation can improve:

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Overall, I rate the educational quality of this rotation as:

1	2	3	4	5
Poor		Average		Outstanding

***Thank you for completing this evaluation form.***

Please return to:      Gaye Colvin, Associate ORPCE Director  
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