1 attent Log.	know now to structure & organize the
Supervision: (3 digit)	precepting encounter
Case Presentation:	obtain feedback from student on teaching style
Observation by preceptor & case	observe student performance frequently
presentation:	open-minded & non-judgmental about student
Clinical discussion:	ideas
Other:	ask students questions in non-threatening
	manner
Preceptor Self-Rating:	mannoi
1 = I need a lot of help in this area	Student Evaluation of Preceptor: (Outpatient)
2 = I have room for improvement in this area	
3 = I am average, typical of good clinical preceptor	
4 = I can do this very well, better than most	· · · · · · · · · · · · · · · · · · ·
5 = I have outstanding skills in this area	
3 – I have outstanding skins in this area	6 = Not applicable
Create a positive learning climate	Models desirable interaction with patients
stimulate student interest in family medicine	Provides constructive, explicit feedback
•	Provides clear criteria by which learners know how
willing to say I don't know	they will be assessed
provide privacy in teaching encounter (student)	Makes evaluations based on first-hand observations
available to students	Demonstrates procedures by clearly delineating
enthusiastic and self-confident about teaching	steps involved
treat student with respect	Provides opportunities for resident/student to
Exercise control of the precepting session	practice procedures
make efficient use of teaching time	Encourages, and is available for interaction with
address needs of both patient & learner	resident/student
Communicate goals and expectations	Approaches problems with resident/student in a
explicitly state specific knowledge &	collaborative manner
attitudinal goals for learners	Responds to resident's/student's questions
define role expectations for students	Delivers organized teaching sessions
Encourage student understanding & retention	Defines and covers objectives
explain material clearly	Plans for the amount of time available
encourage students to paraphrase & clarify	Varies the format: lecture, discussion, video review,
use a variety of teaching tools & visual aids	small group session, demonstration
Provide fair evaluation	Uses relevant patient-care examples
identify objective criteria for evaluation	Keeps the resident/student actively involved
apply uniform grading standards	Provides resources for resident/student to
differentiate between poor, adequate &	investigate (e.g. handouts, references)
outstanding students	Maintains balance between planned objectives &
Feedback	resident/student input
provide feedback in regular & timely manner	Encourages resident's/student's independent
emphasize specific, changeable behaviors	thinking by asking challenging questions
give positive, reinforcing feedback	Assesses resident's/student's needs & abilities
give negative feedback that is constructive &	Explains rationale behind medical reasoning
corrective	Shows enthusiasm
Encourage self-directed learning	Acts in a non-threatening manner
motivate students to do their own learning	Maintains empathy for the resident's/student's
encourage outside learning activities	position
Specific teaching skills	Asks for feedback, both positive & negative
gear teaching to student level of readiness	rand for recurach, both positive & negative
encourage active student participation in	
precepting encounter	
help student develop logical method of inquiry	
& problem-solving skills	

Precepto	or Evaluat	tion of Stu	dent: (93	-94)	
		3 = C			6 = NA
Knowled	ige of clin	nical medic	cine		
		vidence of		dina	
Clinical		viderice of	study/10a	unig	
	skiis ta gatherii	20			
	oblem solv	_			
	ta organiz				
	hnical/pro		•		
•		Relationsl	•		
		ring, profe	ssionalisn	n	
	Characte			_	
_		manner, a		e dress, re	liable,
•		tionships:			
Re	lationship	with facu	lty, reside	ents staff &	k peers
Precepto	r Evaluat	ion of Stu	dent: (95)		
1 = Prob	lematic				
2 = Ade	quate but	below exp	ected leve	l of traini	ng
		vel of trai			
		ed level of			
	rly outsta		Ü		
Kn	ows sions	s, sympton	ns & diffe	rential Dx	of
	_	n problems			
IIn		common		-	_
			_	• •	
	education	s in the Po	oc seung	; - to inclu	ae pi.
T T					- C 4 ³ 4
Un				problems	of patient
T 1	•	nics of far		1 1.	
Un		current h		•	1 1.1
		nent, inclu	iding issue	es such as	health
	care cos				
Un		appropria		promotion	, disease
Co	-			riem & co	ompletes a
		medical h		VICW & CC	impicies a
т.			•		
		chosocial of		•	
	-	lems not v	•	-	
Co	-	physical ex		opriate for	
	-	ng probler			
lde		synthesize	-	nt data wi	th clarity
_	-	nt presenta			
De		s compete		nmunicati	on of
		informatio			
Cr		fferential c		appropriat	e to
	presenti	ng probler	ns		
Pri	oritizes p	roblems in	terms of	urgency	
De	velops ap	propriate 1	treatment	manageme	ent plans
		efficiently		-	
		ly identifie	•	s to medic	al
— т		e & critica			
	literatur		,		

Fosters doctor/patient family relationships through communication
Demonstrates the appropriate use of referral &
consultant resources by functioning in an
effective & coordinated manner within the
health care team
Exhibits professional behavior by being
professionally attired, polite & able to accept criticism
Is on time (does not reschedule site day) does not leave early
Demonstrates ethical behavior by being honest & respecting confidentiality
Demonstrates kindness, respect & concern for
patient & takes into account gender, ethnic,
cultural, sexual preference, religious
background, & socio-economic status
Enthusiastic, takes initiative, volunteers to do
"extra" work

FAMILY MEDICINE FACULTY EVALUATION FORM

Resident/Student N	ame (opt:	ional):			
Resident/Student Y	ear (ciro	cle One):1	2	3	
Faculty Name (optio	nal):				
Faculty to be Evalu	uated:		·-···		
<u>Instructions:</u> Eva	luate th	e faculty lie	sted above	The recn	angog
will be shared with	n the fac	culty member	by the De	partment Chai	ir.
The following is a	a list o	f a variety	of instru	ctional meth	nods,
techniques, and s	kills th	nat faculty	use in t	he teaching	and
training of resider	ts/stude	nts. Rate th	ne relativ	e frequency w	vhich
the faculty normal	Ly does e	eacn or the f	ollowing:		
0=Never	•	(0% of th	e time)		r
1=Rarely			the time	1	
2=Sometin			f the time		
3=Usually			f the time		
4=Always		(76-100%	of the tir	ne)	
X=Insuffi N/A=Not a	cient Ex	posure			
1., 11 1.00 0	ppiioubi				
I. <u>Clinical Teach</u>	ing and a	Supervision (Refers to	the interact	ions
with the resid	ent/stud	ent in the cl	inic/hosp	ital while se	eing
patients.					
Inpatient Outpatien	+				
output output con			,		
	Models	desirable int	teraction	with patient	s.
	Provide	s constructiv	ve, explic	it feedback.	
	Provided how the	s clear crite y will be ass	eria by whi	ch learners	know
·	Makes	evaluations	based	on first-	hand
	observat		Zabca	on illoc	nana
		4			
	Demonst	rates procedu	res by cle	arly delinea	ting
	steps 11	nvolved.			
	Provides	s opportuniti	es for res	ident/studen	t to
		e procedures.		racincy Beaders	
	_				
		ges, and is sident/studen		for interac	tion
	ATCH TES	stache/ Staden	16.		
	Approach	nes problems	with resid	lent/student	in a
	collabor	rative manner	?•	,	- -
	Dognanda	s to resident		6.1	
	ハモコリリロはと	, CO TESTURNI	. s/sluden	L'S CHESTIONS	~ =

	DATE:
	CLINICAL PRECEPTOR SELF-RATING FORM
I.	Please rate yourself from 1 - 5 on the following scale:
	<pre>1 = I need a lot of help in this area 2 = I have room for improvement in this area 3 = I am average, typical of a good clinical preceptor 4 = I can do this very well, better than most 5 = I have outstanding skills in this area</pre>
	_A. (Overall) CREATE A POSITIVE LEARNING CLIMATE
	1. Stimulate student interest in family medicine 2. Willing to say I don't know 3. Provide privacy in the teaching encounter for student 4. Available to students 5. Enthusiastic and self-confident about teaching
	6. Treat student with respect
*,	_B. (Overall) EXERCISE CONTROL OF THE PRECEPTING SESSION
	1. Make efficient use of teaching time2. Address needs of both patient and learner
	_C. (Overall) COMMUNICATE GOALS AND EXPECTATIONS
	1. Explicitly state specific knowledge and attitudinal goals for learners2. Define role expectations for students
	_D. (Overall) ENCOURAGE STUDENT UNDERSTANDING AND RETENTION
	1. Explain material clearly2. Encourage students to paraphrase and clarify3. Use a variety of teaching tools and visual aids
	E. (Overall) PROVIDE FAIR EVALUATION
	 Identify objective criteria for evaluation Apply uniform grading standards Differentiate between poor, adequate, and outstanding students

NAME:____

Tally Sheet Preceptor Videotape Scoring

[Revised 1/20/94]

- 1. Encourages student participation in a general way (Tell me more; What do you mean?; What do you think?; What did you observe?)
- 2. Asks for specific knowledge (What is her sugar level? What is the pathophysiological mechanism?)
- 3. Asks for specific physical observations of patient (What did you observe in the joints? Was the area tender to palpation?)
- 4. Clarifies, paraphrases or summarizes information obtained from student (So, the joints looked red and swollen)
- 5. Asks student to make assessment of problem about psychosocial information
- 6. Develops systematic inquiry and problem-solving in student (Branch technique; heuristics, priority setting, if-then reasoning)
- 7. Gives specific knowledge, diagnosis
- 8. Interrupts student
- 9. Physician lecture that lasts for more than 1 minute (uninterrupted by student)
- 10. Makes specific recommendation (tells student what to do)
- 11. Encourages student to develop specific treatment plan
- 12. Positive feedback (good job, good thinking)
- 13. Constructive negative feedback (What you might do next time...)
- 14. Negative feedback (That doesn't make sense; That's incorrect)
- 15. Observes student
- 16. Uses teaching tools other than mini-lecture (Gives article, shows video, demonstrates)
- 17. Encourages outside learning (Rewarding, library search, other activity)
- 18. Self-disclosure (Personal statement about own practice, personal life, medical mistakes, etc.)
- 19. Expresses uncertainty
- 20. Expresses interest in student's personal life, especially balance of family and career? (How's your family?)

VIDEOTAPE EVALUATION FORM

EVALUATIVE QUESTION: Use the following rating scale

- Is performing at a significantly lower level than most preceptors 2 = Is performing at a somewhat lower level than most preceptors 3 = Is performing at the same level as most preceptors
- 4 = Is performing at a somewhat better level than most preceptors
- t

	5 = Is pe	erfor: eptor:	ming at a significantly better level than mos s
Α.	KNOWLEDGE		
		1.	Demonstrates understanding of common diagnosis
		2.	Demonstrates clinical judgement
в.	CREATES A	POSI	FIVE LEARNING CLIMATE
		1.	Says I don't know (count)
	<u> </u>	2.	Provides privacy in the teaching encounter for student
		3.	Enthusiastic and self-confident about teaching
		4.	Treats student with respect
		5.	Establishes unrushed, comfortable atmosphere for student
c.	EXERCISES	CONT	ROL OF THE PRECEPTING SESSION
		1.	Makes efficient use of teaching time
		2.	Addresses needs of both patient and student
		3.	Appears clear on teaching goals for each patient encounter
		4.	Knows how to structure and organize precepting encounter
		5.	Interruptions of student (count)

D.	. ENCOURAGES STUDENT UNDERSTANDING AND RETENTION		
		1.	Explains material clearly
		2.	Encourages student to paraphrase and clarify (count)
		3.	Uses teaching tools other than mini-lecture (count)
		4.	Encourages outside learning activities, i.e. reading (count)
E.	FEEDBACK		
		1.	Gives positive, reinforcing feedback (count)
		2.	Gives negative feedback that is constructive and corrective (count)
		3.	Emphasizes specific, changeable behaviors (count)
F.	SPECIFIC	TEACH	ING SKILLS
		1.	Gears teaching to student level of readiness
		2.	Encourages active student participation in precepting encounter (count)
		3.	Asks for specific content knowledge (count)
		4.	Helps student develop a logical method of inquiry and problem-solving skills (count)
		5.	Observes student performance (count)
	-	6.	Physician-centered lecture (count)
		7.	Open-minded and nonjudgemental about student ideas
G.	PERSONAL		
		1.	Appropriate role model as clinician dealing with patients
		2.	Appropriate self-disclosures (count)
		3.	Expresses appropriate interest in student's personal life <i>(count)</i>

Total Interview Time:_____

TALLY SHEET

Preceptor Videotape Scoring

- 1. I don't know
- 2. Interruptions of student
- 3. Encourages student paraphrasing, clarifying (Tell me more; What do you mean?)
- 4. Uses teaching tools other than mini-lecture (Gives article, shows video, demonstrates)
- 5. Encourages outside learning (Reading, library search, other activity)
- 6. Positive feedback (Good job, good thoughts)
- 7. Constructive negative feedback (What you might do next time)
- 8. Emphasizes specific behaviors (Be sure to check meds, review labs)
- 9. Encourages student participation (What did you see? What do you think?)
- 10. Asks for specific knowledge (What is her sugar level? How old is he? What is the most likely cause of this pain?)
- 11. Develop method of inquiry and problem-solving in student (Branch technique; Heuristics, priorities, if-then reasoning)
- 12. Observes student
- 13. Physician lecture (Uninterrupted by student for > 1 minute)
- 14. Self-disclosure (Personal statement about own practice, personal life, mistakes, etc.)
- 15. Interest in student's personal life (How is your family?)

ADDENDUM TO VIDEO SCORING

In general, precepting encounter was:			
	Student - centered		
]	Preceptor - centered		
Level of student ability was:			
	Less than average for MS III About average for MS III Better than average for MS III		
Suggested criteria for student evaluation:			

- a. Evidence of logical thinkingb. Fund of knowledgec. Clinical judgment