

FACULTY VISIT STUDENT FEEDBACK FORM (4 pages)
WWAMI RURAL INTEGRATED TRAINING EXPERIENCE (WRITE) PROGRAM

Visit Date:	Student Name:
Visiting Faculty Name:	
Visiting Faculty Department:	
Site Physician Preceptor(s):	

Oral Case Presentation:

Poorly organized. Omits important findings. Problems not well characterized. Inappropriate length.		Generally, well organized. Identifies most pertinent findings. Most problems well characterized. Length may be inappropriate.		Succinct, well organized, synthesized. Identifies all pertinent positive & negative findings. All problems fully characterized.					

Written Presentation:

Record unclear, disorganize, and incomplete. Problems not well characterized. Inappropriate length.		Generally well organized. Occasionally misses findings. Most problems well characterized. Length may be inappropriate.		Legible, organized, complete, appropriate level of detail. All problems fully characterized.					

Use of Clinical Sources:

Does not bring clinical resources for discussion. Unable to interpret results in relation to patient problem(s).		Brings patient chart, x-rays, EKG, lab values, etc. Able to interpret some results in relation to patient problem(s).		Brings patient chart, x-rays, EKG, lab values, etc. Able to interpret results in relation to patient problem(s).					

Diagnosis:

Major omissions in differential diagnosis. Poor understanding of rationale for diagnostic tests.		Generally well reasoned differential diagnosis for most problems. Plan to confirm diagnosis may be incomplete at times.		Develops complete differential diagnosis. Plan to confirm diagnosis demonstrates rational use of diagnostic tests.					

Therapeutic Plan:

Doesn't understand rationale for treatment decisions. Unfamiliar with pharmacology of medications.		Formulates appropriate treatment plan for most problems. Knowledge of pharmacology needs improvement.		Knows rationale for treatment decision. Understands pharmacology of patient's medications.					

Academic Resources:

Minimal evidence of outside reading.			Uses texts & journals to study general topics related to patient's problems. Less well read.			Extensively uses academic resources, including major texts, journals & consultants to study specific problems.			

Participation:

Fails to participate in discussion of cases. Asks no questions.			Usually enters into discussion of cases. Occasionally asks questions.			Actively enters into discussion of cases. Asks appropriate questions.			

Comments on day's arrangements (transportation, conference room, lunch, audiovisual):

Did the student arrange to bring patients for teaching &/or consultation? Yes No

General Comments:

Faculty Signature

Date

SITE VISITOR QUESTIONNAIRE

*TIME SITE VISITOR SPENT WITH STUDENT

1. Did you spend time seeing patients in clinic with the student and the attending faculty?
Yes___No___
2. Did you observe the student discussing and/or seeing cases with the attending faculty?
Yes___No___
3. Did you make hospital rounds with the student?
Yes___No___
4. Describe any other time spent with the student.

5. Did the student feel welcomed by and comfortable in the community?

*SITE VISITOR ACTIVITIES AT THE SITE

1. With which faculty members did you meet?
Names:

2. Did you make a formal presentation while you were on the site visit? Yes___No___
If Yes: Who attended? What was the topic?

3. How much time did you spend with the site coordinator?

***GENERAL IMPRESSIONS: SUMMARY OF VISITOR'S OBSERVATIONS AND DISCUSSIONS**

1. What do you and/or the site faculty feel are the **strengths** of this WRITE site?

2. What do you and/or the site faculty feel are the **weaknesses** of this WRITE site?

What do they do to address them?

If you did anything to address them, please state briefly what you did.

3. Are there learning opportunities at the site to which the student is not being fully exposed?

4. What are your suggestions for improvement of this WRITE site?

5. Are there any concerns raised from your encounter with the student that you feel need to be addressed?

*Please print, sign, (on page 2) and return this form to the WRITE Co-Chair's Office (or electronically: maryat@uw.edu)
Attn. Mary Atkinson, UWSOM Dept. of Family Medicine, Box 356390,
Seattle, WA 98195-6390 206-543-5563 P 206-685-7276F*