

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Assures professionalism in relationships with patients, staff, & peers. | | | | | | |
| 4. Displays integrity & honesty in medical ability and documentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is well prepared for and seeks to provide high quality patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: Please note that preceptor comments may be included in the student's file and can be considered for promotion.

| Please identify the areas where the student has shown the greatest strengths. |
|---|
| |
| |
| |
| |
| |
| |
| |

| Please identify areas for the student to focus on to improve their clinical performance. |
|--|
| |
| |
| |
| |
| |

| Please mark the category that best describes the student at this point in their education | | | |
|--|--|---|--|
| REPORTER <input type="checkbox"/> | INTERPRETER <input type="checkbox"/> | MANAGER <input type="checkbox"/> | EDUCATOR <input type="checkbox"/> |
| Student accurately gathers and communicates the clinical facts of their patients/cases. Mastery performing a patient assessment and physical exam, while knowing what to look for in a particular clinical situation are required. Proficient technical skills, bedside manner and communication with colleagues are required. | Student can prioritize and assemble reasonable correlation and causation of incoming data from the procedure, monitors and patient condition. Student can follow up on diagnostic tests and/or clinical interventions and analyze results. Students must make the emotional transition from bystander to active participant in the patient's care. | Student is able to demonstrate a much better command of anesthesia knowledge and has the confidence and ability to make decisions on patient management. The student is able to tailor the anesthesia plan to each patient co-morbidity, surgical procedure and available resources. Student has sound interpersonal and procedural skills. | Student is beyond the basics in ability. They must be able to read deeply and share new learning with others. Student can derive relevant clinical questions and find best evidence to answer the questions, analyze and apply the information to patients and clinical scenarios. There is a level of maturity and confidence to lead and educate their peers and other members of the healthcare team. |

Preceptor Information Section:

The following information must be completed ***in full*** in order for the student to receive credit for his/her rotation. The information is also required for the preceptor to receive Continuing Medical Education credit for precepting.

Please Print:

First Name: _____

Last Name: _____

Name of Practice or Hospital: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone No.: _____

Please indicate:

CAA CRNA MD/DO Other: _____

NCCAA # (if CAA): _____

Preceptor Signature: _____ Date: _____

How can the MHSA Program enhance your experience as a preceptor of our students?

Please provide any suggestions for curricular improvements to help us better prepare our students.

****Please submit your completed student evaluation within 1 week of the conclusion of the rotation.**

Please enter your evaluation online at <http://intranet.vcom.vt.edu/clinical/Login>.
If you need password assistance, contact XXXXXXX, Director Clinical Rotations. If computer access is not available, you may forward a copy of this to the appropriate contact person shown below XXXXXXX, Director of Clinical Rotations