

## 4th Year Preceptor Evaluation



seeks to improve performance and is not resistant to advice.						
3. Assures professionalism in relationships with patients, staff, & peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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 verify if this evaluation was completed by (please check one):**

- ☐ **Consensus**  
☐ **Individual preceptor**

**Physician 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 physician to receive Continuing Medical Education credit for precepting.

**Please Print:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Name of Practice or Hospital: \_\_\_\_\_  
Region: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please indicate:**

D.O. ☐ M.D. ☐

AOA number if D.O.: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VCOM core site preceptors may enter the evaluation online at**

**<http://intranet.vcom.vt.edu/clinical/Login> or submit to VCOM Clinical Site Coordinator**

**Or forward to:**

Auburn Campus: [OMS4evaluationsAC@auburn.vcom.edu](mailto:OMS4evaluationsAC@auburn.vcom.edu) / Fax: 334.442.4097  
Carolinas Campus: [OMS4evaluationsCC@carolinas.vcom.edu](mailto:OMS4evaluationsCC@carolinas.vcom.edu) / Fax: 864.804.6991  
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