

VCOM 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 DO:

Preceptor Signature:

Date:

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

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

You can complete your evaluation online at <http://intranet.vcom.vt.edu/clinical/Login> or you can complete this form either by typing directly on the form or by printing it out and writing in your responses and sending a copy to the appropriate contact person (shown below) or VCOM Clinical Site Coordinator. If you need password assistance, contact your VCOM Site Coordinator.

Carolina Campus

Email: oms4evaluationscc@carolinas.vcom.edu

Fax: 864.804.6991

Virginia Campus

Email: oms4evaluationsvc@vt.vcom.edu

Fax: 540.231.6298

Auburn Campus

Email: oms4evaluationsac@auburn.vcom.edu

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Louisiana Campus

Email: oms4evaluationslc@ulm.vcom.edu

Fax: 318.342.7279