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## Category 1 CME for Precepting Self-Reflective Learning Evaluation

Red Rocks Community College PA Program

**Directions:** Please complete the following evaluation form. Your written comments are greatly appreciated. For the purposes of this survey, *CME activity* means serving as a clinical preceptor and the self-reflective processes associated with clinical teaching of PA students which may include observing growth in student's knowledge, skills and professionalism resulting from the student/preceptor interaction, as well as soliciting and analyzing student feedback to improve one's own clinical knowledge, skills, interpersonal relations that result from the teaching experience.

### Preceptor Learning Objectives:

Upon serving as a clinical preceptor for physician assistant students, clinically-practicing physician assistants should be able to:

- Demonstrate core medical knowledge about medical conditions for the patients in their area of practice.
- Demonstrate critical decision-making and lifelong learning skills.
- Demonstrate effective communication with patients and their families, physicians and other health care professionals.
- Demonstrate high quality health care and a commitment to patient safety.
- Demonstrate ongoing evaluation and improvement of their patient care practices.
- Demonstrate the ability to effectively interact with different types of health care delivery systems.

1. What was your overall opinion of the *CME activity* related to clinical precepting? (Please circle one)

Excellent

Good

Satisfactory

Poor

2. Based on your experience of clinical precepting, please rate your relative achievement related to the learning objectives listed above. I accomplished:

None of the above

Some of the above

Most of the above

All of the above

3. What aspects of this *CME activity* (clinical precepting) did you find most valuable to your continued development as a physician assistant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What aspects of this *CME activity* (clinical precepting) did you find least valuable to your continued development as a physician assistant? \_\_\_\_\_

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\_\_\_\_\_

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5. Do you have specific suggestions as to how this *CME activity* might be improved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Would you participate in this *CME activity* again?                      Yes    No
7. Would you recommend clinical precepting to a colleague?            Yes    No

Thank you for taking the time to share your thoughts about this *CME activity*.

**Clinical Precepting Information-**

Dates: \_\_\_\_\_ to \_\_\_\_\_

Number of Weeks Total: \_\_\_\_\_

Number of Students Precepted: \_\_\_\_\_

Student Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Contact Information-**

Preceptor Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_