G/M AHEC Clinical Rotation Evaluation Form

Name: ___________________________  Rotation Date(s): ________
Primary Preceptor: ________________  Rotation Location(s): ______________________

1. How likely are you to seek employment in a medically underserved area or serving a medically underserved population upon completion of your education?
   - Not Likely  - Not Sure  - Somewhat Likely  - Likely  - Very Likely
   - 1  - 2  - 3  - 4  - 5

2. Please rate the extent to which you agree with the following statements
   - Strongly Disagree  - Disagree  - Agree  - Strongly Agree  - Not Applicable
   - __  - __  - __  - __  - __

   a. Rural/underserved communities appreciate health professionals.
   - __  - __  - __  - __  - __

   b. Rural/underserved communities have the amenities I need to meet my lifestyle needs.
   - __  - __  - __  - __  - __

   c. I feel confident that I can provide culturally competent health care.
   - __  - __  - __  - __  - __

   d. Employment opportunities for my spouse exist in rural/underserved communities.
   - __  - __  - __  - __  - __

   e. Working in a rural/underserved area will meet my income needs.
   - __  - __  - __  - __  - __

   f. Rural/underserved communities provide me the privacy I require.
   - __  - __  - __  - __  - __

   g. Working in a rural/underserved community will meet my scheduling needs (e.g., time off, on-call hours, vacation time)
   - __  - __  - __  - __  - __

   h. Rural/underserved communities can provide my children with the educational opportunities they need.
   - __  - __  - __  - __  - __

   i. My clinical rotation was set up in a satisfactory manner.
   - __  - __  - __  - __  - __

   j. The clinical experience met my academic educational objectives.
   - __  - __  - __  - __  - __

   k. The clinical experience met my personal educational objectives.
   - __  - __  - __  - __  - __

   l. I received quality preceptor instruction.
   - __  - __  - __  - __  - __

   m. The clinic staff was helpful.
   - __  - __  - __  - __  - __

   n. Patients were willing to participate in my clinical experience.
   - __  - __  - __  - __  - __

   o. The housing provided to was satisfactory.
   - __  - __  - __  - __  - __
3. Please add any additional comments from questions 2a – 2o.

4. Please indicate the strengths of your preceptor as a teacher and role model.

5. What suggestions do you have for how the teaching skills of your preceptor could be improved?

6. What additional information would you have like prior to your rotation? (e.g. culture, logistics, etc.)

7. If you were able to participate in community activities during your rotation, please indicate.

- ☐ Health Fair
- ☐ School program/event
- ☐ Identification of community health resource
- ☐ Board meeting of hospital or clinic
- ☐ Community council or native Traditional Council meeting
- ☐ Community event: __________________________
- ☐ Other: __________________________

8. How would you rank your learning experience during this rotation?

<table>
<thead>
<tr>
<th></th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>This rotation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. How many clinical rotations have you had? ____ If only one, skip to question #11.

10. Compared to other clinical rotations that you have, how would you rate this one?

<table>
<thead>
<tr>
<th></th>
<th>A lot worse</th>
<th>Somewhat worse</th>
<th>Same</th>
<th>Somewhat Better</th>
<th>A lot better</th>
</tr>
</thead>
<tbody>
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<td>This rotation</td>
<td>1</td>
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</tr>
</tbody>
</table>

11. What suggestions or comments do you have that would improve the rotation experience?

12. Do you have any comments you would like to share with students who might be placed at this site in the future (e.g. information on community highlights [things to do] and unique opportunities at the health care facility)

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**FOR OFFICE USE**

Affiliated AHEC Center:  
☐ Program Office  ☐ GCC  
☐ COM-FSM  ☐ CMI-RMI  
Reviewed by: __________________________ Date: _____

Data Entry: __________________________ Date: _____