**PSD Community Preceptor Program Questionnaire**

Preceptor’s Name:

Preceptor’s email address:

Clinic Address:

Clinic Phone #:

Clinic Fax #:

I would like to participate again next year for 8 half days: [ ]  Yes [ ] No

(**Please note that a session cannot be in the morning and should start around 13:30**):

If No, is it because: Involved in French stream? [ ]  Other: ­­

I would like to participate but can only do 4 half days with 2nd yr students in Fall 20\_\_ [ ]

I would like to participate but can only do 4 half days with 1st yr students in Spring 20\_\_ [ ]

I am available:

| **Day** | **AFT** | **AM** | **PM** |
| --- | --- | --- | --- |
| Monday |  | - |  |
| Tuesday |  | - |  |
| Wednesday |  | - |  |
| Thursday |  | - |  |
| Friday |  | - |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Number of students I can accommodate if they come to the clinic one at a time:

In which language do you communicate with most of your patients?:

What other languages do you communicate with your patients?:­­­­

What type of primary practice do you have?:

For Example: Seniors, Well Women, Family, Inner-city, etc.

Do you have any special focuses within your practice?

[ ] Nursing [ ] Chronic Non-cancer pain [ ] Anaesthesia

[ ] Addiction [ ] Maternity/Newborn Care [ ] PEDS

[ ] Women’s Health [ ] Sexual Health [ ] Dermatology

[ ] HIV (primary care) [ ] Breast Health [ ] Care of New Canadians

[ ] Palliative Care [ ] Surgical Procedures [ ] Innercity

[ ] House Calls [ ] Developmental Disabilities [ ] Integrative Medicine

[ ] Travel [ ] Mental Health [ ] Hepatitis C

[ ] Sports [ ] Prison Health [ ] Other

[ ] Palliative Care [ ] ER Medicine

What is your Practice Model?

 ie: Solo, FHT, FHO, CHC

Please let us know what possible other location the student may be required to travel to outside your office address:

Ottawa

Carleton Place ­

Kemptville

Other:

I would like to suggest the following Family Physicians as preceptors*:*

Name:

Contact Information:

Name:

Contact Information:

Would you be interested in having a 1st or 2nd year medical student for a 10 or 20 hour elective placement? The stipend for this activity is $125 per student per elective.

1st Yr Elective – 10 Hrs Yes No

2nd Yr Elective – 20 Hrs Yes No

**Please send your response to the attention of Donna Williams at dfm@bruyere.org or by fax at 613-562-6336 so your data base information can be added or updated.**