Evaluation of Community Week by Student
Course code: MED 1107 Anglophone
MED 1507 Francophone

Student Name: __________________________ Signature: __________________________

Preceptor Name: _______________________ Location – Area: _________________________

Dates of Community Week: __________________________

Orientation
Was the Community Week well organized with respect to:
- travel  Yes: ☐  No: ☐
- housing  Yes: ☐  No: ☐
- scheduling  Yes: ☐  No: ☐

Which aspects were done well, or could be improved?

______________________________

Were you oriented to the physician’s practice setting and community?  Yes: ☐  No: ☐

Comments:

______________________________

Did you discuss your objectives with your preceptor?  Yes: ☐  No: ☐

Explain:

______________________________
Clinical Experience
Did you experience a variety of practice settings? Yes: ☐ No: ☐

Explain:

Did you have opportunities for patient contact under direct supervision? Yes: ☐ No: ☐

Please describe:

Did the learning opportunities meet your expectations? Yes: ☐ No: ☐

Explain:

Did you interact with other members of the health care team? Yes: ☐ No: ☐

Explain:

Rural Practice and Lifestyle
What did you learn about rural medical practice?
What did you learn about rural lifestyle, from social and community perspectives?

Overall
Did you meet your learning objectives? Yes: ☐       No: ☐

Explain:

We are very interested to hear your overall thoughts on Community Week!
Which aspects were done well?
Which aspects could be improved?

Did you have an opportunity to discuss your performance with your preceptor/supervisor?
Yes: ☐       No: ☐

Explain: