



Facilitator Feedback for Student Required Learning Activities
OCOM 819 Osteopathic Family Medicine 1
Year 3 Family Medicine Clerkship
Fall Quarter 2006



Student: _____ **Facilitator:** _____

CORE: _____ **Preceptor:** _____

A. PRESCRIBED DRUG OF CHOICE

Date Presented: _____

Drug classification: _____ Specific Drug: _____

EVALUATION CRITERION	S	U	N/A	PRESENTATION	S	U	N/A
Provided generic name of prescribed drug				Organized, clear, logical sequence, Proper use of sources			
Provided trade name of prescribed drug							
Reviewed proper dosage(s) & route(s) of admin.				Encouraged audience questions, prepared to answer questions			
Explained pharmacokinetics, pharmacology							
Considered indications/contraindications				Showed enthusiasm, maintained eye contact, proper delivery			
Reviewed potential adverse reactions							
Considered cost containment issues				Use of audiovisuals, handouts, etc.			
Compared drugs within classification							
Explained why specific drug prescribed							
Explored patient compliance issues							
Considered complementary/alternative treatments							

Comments:

Facilitator's Signature: _____ Student's Signature: _____

B. PROCEDURE INSTRUCTION/DEMONSTRATION

Date Presented: _____

Type of Procedure: _____

EVALUATION CRITERION	S	U	N/A	PRESENTATION	S	U	N/A
Chose appropriate procedure to teach				Organized, clear, logical sequence, Proper use of sources			
Identified equipment needed							
Addressed patient preparation/education				Encouraged audience questions, prepared to answer questions			
Listed steps in proper sequence							
Addressed implications of doing procedure				Showed enthusiasm, maintained eye contact, proper delivery			
Covered interventions for difficulties that may occur during procedure							
Reviewed important points at conclusion				Use of audiovisuals, handouts, etc.			
Limited instructions to 15 – 20 minutes							
Limited demonstration to 15 – 20 minutes							

Comments:

Facilitator's Signature: _____ Student's Signature: _____

C. STUDENT-LED CASE DISCUSSION

Date Presented: _____

Focus of Discussion: _____

EVALUATION CRITERION	S	U	N/A	PRESENTATION	S	U	N/A
Patient age, sex, race, occupation				Chose interesting case			
Chief complaint (Subjective)				Followed case discussion format			
History of present illness (Subjective)				Disclosed info in logical sequence			
Other significant history (Subjective)				Summarized and reviewed points			
Systems relevant to case (Subjective)				Involved audience in discussion			
Physical exam/findings (Objective)				Exhibited enthusiasm			
Structural exam findings (Objective)				Maintained appropriate eye contact			
Labs/x-rays/EKG/special studies (Objective)				Used appropriate presentation aids			
Psychosocial aspects of case (Objective)				Reinforced participant responses			
Diagnosis/differential diagnosis (Assessment)				Created positive atmosphere			
Plan of Treatment/Care (Plan)							

Comments:

Facilitator's Signature: _____ Student's Signature: _____

D. TOPIC PRESENTATION

Date Presented: _____

Selected Topic: _____

EVALUATION CRITERION	S	U	N/A	PRESENTATION	S	U	N/A
Chose interesting topic				Organized, clear, logical sequence, Proper use of sources Encouraged audience questions, prepared to answer questions Showed enthusiasm, maintained eye contact, proper delivery Use of audiovisuals, handouts, etc. Addressed hierarchy of medical knowledge (i.e., environment, person, organ, tissue, cellular, molecular)			
Identified problem/disease/condition							
Stated objectives of presentation							
Cited references/resources							
Covered etiology							
Covered pathology or altered physiology							
Covered clinical manifestations							
Covered diagnostic evaluation							
Covered differential diagnosis							
Covered patient management							
Covered patient education							
Included prevention and health promotion issues							
Reviewed important points at conclusion							
Limited presentation to 15-20 minutes							
Limited question/answer session to 5-10 min.							

Comments:

Facilitator's Signature: _____ Student's Signature: _____

NOTE: All segments are to be completed before submitting form to the CORE Office.