



Facilitator Feedback for Student Required Learning Activities
OCOM 819 Osteopathic Family Medicine 1
Year 3 Family Medicine Clerkship
Fall Quarter 2007



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 | | | | | Encouraged audience questions, prepared to answer questions | | |
| Reviewed proper dosage(s) & route(s) of admin. | | | | Showed enthusiasm, maintained eye contact, proper delivery | | | |
| Explained pharmacokinetics, pharmacology | | | | | Use of audiovisuals, handouts, etc. | | |
| Considered indications/contraindications | | | | | | | |
| Reviewed potential adverse reactions | | | | | | | |
| Considered cost containment issues | | | | | | | |
| 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 | | | | | Encouraged audience questions, prepared to answer questions | | |
| Addressed patient preparation/education | | | | Showed enthusiasm, maintained eye contact, proper delivery | | | |
| Listed steps in proper sequence | | | | | Use of audiovisuals, handouts, etc. | | |
| Addressed implications of doing procedure | | | | | | | |
| Covered interventions for difficulties that may occur during procedure | | | | | | | |
| Reviewed important points at conclusion | | | | | | | |
| 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.