



Facilitator Feedback for Student Required Learning Activities
OCOM 819 Osteopathic Family Medicine Clerkship, Part 1
Year 3 Family Medicine Clerkship
Fall Quarter 2008



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. 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			
Identified problem/disease/condition							
Stated objectives of presentation				Encouraged audience questions, prepared to answer questions			
Cited references/resources							
Covered etiology				Showed enthusiasm, maintained eye contact, proper delivery			
Covered pathology or altered physiology							
Covered clinical manifestations				Use of audiovisuals, handouts, etc.			
Covered diagnostic evaluation				Addressed hierarchy of medical knowledge (i.e., environment, person, organ, tissue, cellular, molecular)			
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.