

OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE

COMMUNITY EXPERIENCE EVALUATION

Appalachian Community Visiting Nurse Association – Hospice

Student: _____ Circle: MS Year I / II CPC/PCC Qtr: Fall Winter Spring

Preceptor: _____ Date: _____

PRECEPTOR: Please complete this portion of the evaluation, sign and return it to the student or fax it to the CCE office at (740) 593-2161. Document and explain to the student if improvement is recommended.

(Circle One) S = Satisfactory M = Marginal U = Unsatisfactory

S M U 1. INTERPERSONAL SKILLS: Introduced self to patients, preceptor, and staff when appropriate and properly addressed/approached them; courteous.

S M U 2. MOTIVATION TOWARD LEARNING: Exhibited interest; completed reading assignment; was observant.

S M U 3. ATTIRE: Dressed in a professional manner as expected.

S M U 4. ATTENDANCE: Reported on time as scheduled or notified appropriate personnel of illness/delay.

S M U 5. PROFESSIONAL BEHAVIOR: Reliable, adaptable, maintained patient confidentiality, etc.

Preceptor's comments: _____

Preceptor's Signature

Date