

**OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE  
COMMUNITY EXPERIENCE EVALUATION  
*Echoing Meadows***

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. Document and explain to the student if improvement is recommended.

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

- |   |  |
|---|--|
| <p><b>S</b>   <b>M</b>   <b>U</b></p> <p><b>S</b>   <b>M</b>   <b>U</b></p> <p><b>S</b>   <b>M</b>   <b>U</b></p> <p><b>S</b>   <b>M</b>   <b>U</b></p> <p><b>S</b>   <b>M</b>   <b>U</b></p> | <p><b>1. INTERPERSONAL SKILLS:</b><br/>Introduced self to patients, preceptor, and staff when appropriate and properly addressed/approached them; courteous.</p> <p><b>2. MOTIVATION TOWARD LEARNING:</b><br/>Exhibited interest; completed reading assignment; was observant.</p> <p><b>3. ATTIRE:</b><br/>Dressed in a professional manner as expected.</p> <p><b>4. ATTENDANCE:</b><br/>Reported on time as scheduled or notified appropriate personnel of illness/delay.</p> <p><b>5. PROFESSIONAL BEHAVIOR:</b><br/>Reliable, adaptable, maintained patient confidentiality, etc.</p> |
|---|--|

Preceptor's comments: \_\_\_\_\_

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

**STUDENT:** *At the end of your CCE, answer the questions on the back, sign it and return it to:  
CCE Office, GROSVENOR 334; phone (740) 593-9300 fax (740) 593-2161*

**By participating in this CCE assignment, medical students will have increased knowledge of:**

- the special needs of adults who have neurological and musculoskeletal disorders.
- diagnosed developmental disabilities.
- secondary conditions that effect this population.
- residential services offered to adults in the community with developmental disabilities.

**Please evaluate whether the following objectives were met:**

	<b>OBJECTIVE WAS MET</b>		<b>OBJECTIVE WAS NOT MET</b>		
1. Observe residents and recognize adaptations or devices they use while performing Activities of Daily Living (ADL's).	5	4	3	2	1

**Students: Please Complete Back of Form**

2. Observe assistance provided by staff to complete ADL's.	5	4	3	2	1
3. Review 4 of the major developmental disabilities affecting adults.	5	4	3	2	1
4. List 5 secondary conditions, and their symptoms, associated with residents in this facility.	5	4	3	2	1
5. List approaches taken to manage secondary conditions, including the physician's role in the management process.	5	4	3	2	1

**(Circle one) SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree**

1. The objectives were appropriate for my level of experience.	SA	A	D	SD
2. I had the proper amount of supervision.	SA	A	D	SD
3. The agency personnel was/were helpful to me.	SA	A	D	SD
4. I feel other medical students would benefit from this CCE.	SA	A	D	SD
5. Overall, this CCE assignment was a positive learning experience.	SA	A	D	SD

**Describe any devices used to complete ADL's you observed during this CCE:** \_\_\_\_\_

\_\_\_\_\_

**List 4 major developmental disabilities:** \_\_\_\_\_

\_\_\_\_\_

**Define and list 5 secondary conditions as they apply to the population in this facility:**

\_\_\_\_\_

\_\_\_\_\_

**List approaches taken to manage secondary conditions:** \_\_\_\_\_

\_\_\_\_\_

**Please share your comments about this CCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**