

STUDENT SHADOWING EXPERIENCE EVALUATION FORM

Form Number: EF-4 | Revised: 7-Sept-2017

Student Name: _____ Date: _____

Preceptor Name: _____ Location: _____

Please check which of the following applies to your current status:

U of A Medical Student

U of C Medical Student

Evaluation Questions

	Strongly Disagree				Strongly Agree
1. My shadowing experience helped me to consider a career in rural medicine.	1	2	3	4	5
2. I learned what the general expectations are for rural physicians.	1	2	3	4	5
3. I enjoyed my shadowing experience.	1	2	3	4	5
4. I would recommend a rural medical practice shadowing experience to other students.	1	2	3	4	5
5. The arrangements for my shadowing experience were well handled.	1	2	3	4	5

Additional Comments:

Thank you in advance for completing this evaluation form and submitting it to RhPAP via the address below or Scan & Email to: Shadowing@rhpap.ca

The personal information requested on this form is collected for the purpose of payment processing, program administration, and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Manager of Corporate Services, The Alberta Rural Health Professions Action Plan (RhPAP), 2801 Telus House, 10020 – 100 Street NW, Edmonton, AB T5J 0N3 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca