

PRECEPTOR SHADOWING EVALUATION FORM

Form Number: EF-5 | Revised: 26-Nov-2018

Student Name: _____ Date of Shadow: _____

Preceptor Name: _____ Shadow Location: _____

Evaluation Questions

| | Strongly Disagree | | | | Strongly Agree |
|---|----------------------|---|---|---|-------------------|
| 1. I was well prepared to be a preceptor. | 1 | 2 | 3 | 4 | 5 |
| 2. I helped the student understand important aspects of being a family physician. | 1 | 2 | 3 | 4 | 5 |
| 3. I was at ease interacting with my student throughout the day. | 1 | 2 | 3 | 4 | 5 |
| 4. I enjoyed my experience and would be willing to do it again. | 1 | 2 | 3 | 4 | 5 |
| 5. I would recommend job shadowing to other physicians. | 1 | 2 | 3 | 4 | 5 |
| 6. The student seemed well prepared for the shadowing experience. | 1 | 2 | 3 | 4 | 5 |
| 7. The arrangements for the 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 following 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, Alberta's Rural Health Professions Action Plan (RhPAP), Suite #416, 9707-110 Street NW, Ledgeview Business Centre, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917 Email: info@rhpap.ca Website: www.rhpap.ca