**WRITE FACULTY VISIT – SITE QUESTIONNAIRE**

**Site:** Click here to enter text. **Site Visit Date:** Click here to enter text.

**Student Name:** Click here to enter text.

**Site Preceptor(s):** Click here to enter text.

**Visiting Faculty Name / Department:** Click here to enter text.

**CASE PRESENTATION**

* Using the PRIME model, comment briefly on the student’s qualities and abilities (where applicable):
  + **P**rofessionalism:

Qualities to consider include: Compassion; Respect for patients, peers, and colleagues; Responsibility; Integrity; Altruism and Scholarship or Educational attitudes.

* + **R**eporter:

Student can collect data and report the information adequately in oral presentation and written form. This level is the minimum competency level for a third year medical student.

* + **I**nterpreter:

In addition to excellent Reporter skills, students at the Interpreter level can generate a reasonable differential diagnosis for the chief presenting problem(s) and weigh the different possibilities appropriately.

* + **M**anager / **E**nhanced Communicator:

In addition to excellent Reporter and Interpreter skills, students at the Manager/Enhanced Communicator level can generate a reasonable diagnostic/therapeutic plan for the chief presenting problem(s). The student is also skillful at communicating with patients, peers, and colleagues, adjusting their language appropriately based on context.

**QUESTIONS FOR STUDENT**

* Do you have weekly feedback sessions with your primary preceptor?
* Quality of feedback received:
* Were you made to feel welcome by clinic staff & other preceptors?
* Did you receive an adequate orientation to the site?
* Do you feel you have autonomy with your patients?
* Are you observed during patient interactions?
* Do you feel like you are member of the team in clinic?

## **\*SITE VISITOR ACTIVITIES AT THE SITE**

1. With which faculty members did you meet?

Names:

2. Did you make a formal presentation while you were on the site visit? Yes\_ No

If Yes: Who attended? What was the topic?

3. How much time did you spend with the site coordinator?

**\*GENERAL IMPRESSIONS: SUMMARY OF VISITOR'S OBSERVATIONS AND DISCUSSIONS**

1. What do you and/or the site faculty feel are the **strengths** of this WRITE site?

2. What do you and/or the site faculty feel are the **weaknesses** of this WRITE site?

What do they do to address them?

If you did anything to address them, please state briefly what you did.

3. Are there learning opportunities at the site to which the student is not being fully exposed?

4. What are your suggestions for improvement of this WRITE site?

5. Are there any concerns raised from your encounter with the student that you feel need

to be addressed?

**WRITE FACULTY VISIT – STUDENT FEEDBACK FORM**

**Site:** Click here to enter text. **Site Visit Date:** Click here to enter text.

**Student Name:** Click here to enter text.

**Site Preceptor(s):** Click here to enter text.

**Visiting Faculty Name / Department:** Click here to enter text.

**Oral Case Presentation:**

|  |  |  |  |  |  |  |  |  |  |  |
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| Poorly organized. Omits important findings. Problems not well characterized. Inappropriate length. | | |  | Generally, well organized. Identifies most pertinent findings. Most problems well characterized. Length may be inappropriate. | | |  | Succinct, well organized, synthesized. Identifies all pertinent positive & negative findings. All problems fully characterized. | | |

**Written Presentation**:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| Record unclear, disorganize, and incomplete. Problems not well characterized. Inappropriate length. | | |  | Generally well organized. Occasionally misses findings. Most problems well characterized. Length may be inappropriate. | | |  | Legible, organized, complete, appropriate level of detail. All problems fully characterized. | | |

**Use of Clinical Sources**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
| Does not bring clinical resources for discussion. Unable to interpret results in relation to patient problem(s). | | |  | Brings patient chart, x-rays, EKG, lab values, etc. Able to interpret some results in relation to patient problem(s). | | |  | Brings patient chart, x-rays, EKG, lab values, etc. Able to interpret results in relation to patient problem(s). | | |

**Diagnosis**:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Major omissions in differential diagnosis. Poor understanding of rationale for diagnostic tests. | | |  | Generally well reasoned differential diagnosis for most problems. Plan to confirm diagnosis may be incomplete at times. | | |  | Develops complete differential diagnosis. Plan to confirm diagnosis demonstrates rational use of diagnostic tests. | | |

**Therapeutic Plan**:

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| Doesn’t understand rationale for treatment decisions. Unfamiliar with pharmacology of medications. | | |  | Formulates appropriate treatment plan for most problems. Knowledge of pharmacology needs improvement. | | |  | Knows rationale for treatment decision. Understands pharmacology of patient’s medications. | | |

**Academic Resources:**

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| Minimal evidence of outside reading. | | |  | Uses texts & journals to study general topics related to patient’s problems. Less well read. | | |  | Extensively uses academic resources, including major texts, journals & consultants to study specific problems. | | |

**Participation:**

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| Fails to participate in discussion of cases. Asks no questions. | | |  | Usually enters into discussion of cases. Occasionally asks questions. | | |  | Actively enters into discussion of cases. Asks appropriate questions. | | |

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| Comments on day’s arrangements (transportation, conference room, lunch, audiovisual):  Did the student arrange to bring patients for teaching &/or consultation? Yes No |

**General Comments**:

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*Faculty Signature* *Date*

*Please return completed form to the Office of Rural Programs,*

*ATTN: Michelle Fleming, E-303 Health Sciences*

*Box 356340*

*Seattle, WA 98195-6390*

[*flemingm@uw.edu*](mailto:flemingm@uw.edu)*; 206-685-9497*