Rural Medicine Interest Group

Family Medicine Core Clerkship Evaluation Addendum

Part C

Date of Rotation: _____Preceptor Name_____ Practice Site: _____ _____

STUDENT EVALUATION & RECOMMENDATION OF SITE

1. **Has this rotation either strengthened or stimulated an interest in practicing rural medicine? Y/N Please explain.**

2. **Prior to going to the site, did you have friends or relatives in the area? Y/N If not, did the preceptor and staff of the clinic make you feel welcome and help you acclimate to the community? Y/N**

3. **Did you have the opportunity to participate with your preceptor or clinical staff in a non-medical community event, such as cultural or religious events, civic or political events, festivals, etc. Y/ N If yes, please explain in more detail.**

4. **Would you recommend this preceptor and/or practice site to other students interested in rural medicine? Y/N Please explain.**

5. **Is there anything that this preceptor or practice site could have done to improve the quality of your overall experience during this rotation?**