



# Rural Medicine Interest Group



## Summer Externship/Elective Evaluation

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?