



Preceptor Program Reporting Form & Evaluation
Northwestern College Master of Physician Assistant Studies

Reporting Form – Self-Reported hours for precepting MSPAS NWC students:

Your Name and Credentials: _____ Date _____

Name of clinic or hospital: _____

How many hours did you precept during the clinical year, Jan. 1 through Dec. 31? _____

Dates Precepted	Total Hours	Student Name or Initials
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Did you precept more than one student at a time? (Choose one.) Yes No

If so, how many students did you precept simultaneously? ____

Evaluation Form

Please complete the following evaluation form. Your written comments are greatly appreciated. For the purposes of this survey, please think about your experience as a clinical preceptor and the self-reflective processes associated with clinical teaching of PA students. This might include observing growth in a student's knowledge, skills and professionalism following your interactions with them or soliciting and analyzing student feedback to improve your own clinical knowledge, skills, and interpersonal relations.

1. What was your overall opinion of the *CME activity* related to clinical precepting? (*Choose one.*)

Excellent

Good

Satisfactory

Poor

2. What aspects of clinical precepting did you find most valuable to your continued development as a PA?

3. What aspects of clinical precepting did you find least valuable to your continued development as a PA?



Physician
Assistant
Program



4. Do you have specific suggestions as to how the preceptor program might be improved?

5. Would you participate in this *CME activity* again? Yes No

6. Would you recommend clinical precepting to a colleague? Yes No

Thank you for taking the time to share your thoughts with us.

Return this form by January 15th in order to receive AAPA Category 1 CME for the prior calendar year:

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