PSD Community Preceptor Program Questionnaire

Preceptor’s Name: 
Preceptor’s email address:  
Clinic Address:  
Clinic Phone #:  
Clinic Fax #:  

I would like to participate again next year for 8 half days: □ Yes □ No  
(Please note that a session cannot be in the morning and should start around 13:30): 

If No, is it because:  □ Involved in French stream? □ Other:  

I would like to participate but can only do 4 half days with 2nd yr students in Fall 20__ □  
I would like to participate but can only do 4 half days with 1st yr students in Spring 20__ □  

I am available:  

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<th>Day</th>
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Number of students I can accommodate if they come to the clinic one at a time:  

In which language do you communicate with most of your patients?:  

What other languages do you communicate with your patients?:  

What type of primary practice do you have?:  
For Example:  Seniors, Well Women, Family, Inner-city, etc.  

Do you have any special focuses within your practice?  

☐ Nursing  ☐ Chronic Non-cancer pain  ☐ Anaesthesia  
☐ Addiction  ☐ Maternity/Newborn Care  ☐ PEDS  
☐ Women’s Health  ☐ Sexual Health  ☐ Dermatology  
☐ HIV (primary care)  ☐ Breast Health  ☐ Care of New Canadians  
☐ Palliative Care  ☐ Surgical Procedures  ☐ Innercity  
☐ House Calls  ☐ Developmental Disabilities  ☐ Integrative Medicine  
☐ Travel  ☐ Mental Health  ☐ Hepatitis C  
☐ Sports  ☐ Prison Health  ☐ Other  
☐ Palliative Care  ☐ ER Medicine  

What is your Practice Model?  
ie: Solo, FHT, FHO, CHC
Please let us know what possible other location the student may be required to travel to outside your office address:
Ottawa
Carleton Place
Kemptville
Other:

I would like to suggest the following Family Physicians as preceptors:

Name:
Contact Information:

Name:
Contact Information:

Name:
Contact Information:

Would you be interested in having a 1st or 2nd year medical student for a 10 or 20 hour elective placement? The stipend for this activity is $125 per student per elective.

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<tr>
<th>Elective Type</th>
<th>Hours</th>
<th>Yes</th>
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<tbody>
<tr>
<td>1st Yr Elective – 10 Hrs</td>
<td>Yes</td>
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<td>No</td>
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<td>2nd Yr Elective – 20 Hrs</td>
<td>Yes</td>
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Please send your response to the attention of Donna Williams at dfm@bruyere.org or by fax at 613-562-6336 so your data base information can be added or updated.