**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:

| **Day** | **AFT** | **AM** | **PM** |
| --- | --- | --- | --- |
| Monday |  | - |  |
| Tuesday |  | - |  |
| Wednesday |  | - |  |
| Thursday |  | - |  |
| Friday |  | - |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

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:

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.

1st Yr Elective – 10 Hrs Yes No

2nd Yr Elective – 20 Hrs Yes No

**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.**