



**Evaluation of Community Week by Student**  
**Course code: MED 1107 Anglophone**  
**MED 1507 Francophone**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_ Location – Area: \_\_\_\_\_

Dates of Community Week: \_\_\_\_\_

**Orientation**

Was the Community Week well organized with respect to:

- travel                      Yes:               No:
- housing                     Yes:               No:
- scheduling                Yes:               No:

Which aspects were done well, or could be improved?

Were you oriented to the physician's practice setting and community? Yes:       No:

**Comments:**

Did you discuss your objectives with your preceptor? Yes:       No:

**Explain:**



## Clinical Experience

Did you experience a variety of practice settings? Yes:  No:

**Explain:**

Did you have opportunities for patient contact under direct supervision? Yes:  No:

**Please describe:**

Did the learning opportunities meet your expectations? Yes:  No:

**Explain:**

Did you interact with other members of the health care team? Yes:  No:

**Explain:**

## Rural Practice and Lifestyle

What did you learn about rural medical practice?



What did you learn about rural lifestyle, from social and community perspectives?

**Overall**

Did you meet your learning objectives? Yes:  No:

**Explain:**

We are very interested to hear your overall thoughts on Community Week!

Which aspects were done well?

Which aspects could be improved?

Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes:  No:

**Explain:**