Pre-Site Visit Assessment Form

Our initial contact indicates that you are interested in becoming a faculty member and teaching learners at McMaster University. In order to best match learners to preceptors and to minimize the time required for a site visit, we ask that you take a moment to complete the following assessment form. Please feel free to contact us if you have any questions (905) 525-9140 ext. 28516 or by email at mwatson@mcmaster.ca. We will be in touch shortly once we have received this information to complete the site visit portion.

PART A: PRECEPTOR INFORMATION

Date:
Name:
Medical School:
Residency School:
Please list any other Postgraduate training that you have completed (ie: Fellowships, certificate, diplomas, degrees):
of years in practice:
CPSO #:
Are you a member of the College of Family Physicians of Canada? □ yes □ no CCFP? □ yes □ no
of patients:
Practice/FHT Name:
Address:
Phone Number: Fax Number:
Email address:
Preferred method of communication: □ phone □ fax □ email
Do you have a University Faculty Appointment? □ no □ yes
If yes, please indicate which type: □ Clinical Lecturer □ Professor □ Assistant Clinical Professor □ Associate Clinical Professor □ Adjunct Professor
To which University is your appointment:
Who is referring you for this appointment: □ self □ KW campus □ Niagara campus □ Hamilton campus □ ROMP □ Distributed education site □ Other

PART B: CLINICAL TEACHING AND LEARNING OPPORTUNITIES IN THE OFFICE

YOUR CLINIC SETTING

1. Practice Type: □ solo □ group □ fee for service □ alternate payment

2. Do your clinical partners (MDs) participate in teaching your learners? □ Yes □ No

3. Do they have their own learners? □ Yes □ No

4. Please estimate the percentage of your patients who would agree to see learners _____%

5. What is the distance of your office from your base hospital? _____ km

   (a) Is the office accessible by public transit? □ Yes □ No

   (b) Does your learner need a car? □ Yes □ No

6. Is free parking available to the learner? □ Yes □ No

7. Do you use Electronic Medical Records (EMR) for patient booking? □ Yes □ No
   For patient records? □ Yes □ No

PATIENT DEMOGRAPHICS

Please answer the following questions about your patient profile

1. Estimate the % of patients who can communicate their medical concerns in English? _____ %

2. Please list the major ethnic groups in your practice and the percentage of the total practice.

_____

Typical Week
Please complete your typical activities for the week **that would be suitable for learners to attend with you**:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

OF - Office patients
NH - Nursing Home/Long term care
ER - Emergency Shift
OB - Intrapartum care
PC - Palliative care
HV - Home visits
HSP - Hospital care (ward rounds/hospitalist shift)

Other (please indicate);_____

CLINICAL OPPORTUNITIES FOR LEARNERS

1. Clinical Case Material: We are very interested in your areas of interest. Please list any specific areas of interest (i.e. Adolescent medicine, STDs, HIV care, nursing home care, occupational medicine, travel medicine, ICU, sports medicine).

_____

_____

Note: if you are a generalist and enjoy all areas of family medicine, we are delighted! Our request for these areas of interest is to help team you up with learners who may share similar interests.

2. Procedures: Please check off the procedures that you or your staff is able to teach learners in your office:

	Allergy shots		Excision of toenail		Punch biopsy
	Breast cyst asp'n		Excision skin lesions		Removal of foreign body in eye
	Casting		Glucometer		Suture skin
	Circumcision		IM/SQ injections		Vaginal speculum
	Cryotherapy		Inc/drain abscesses		Vasectomy
	Ear syringe		IUD placement		Venipuncture
	Endometrial biopsy		Joint aspiration/injection		

Other:

_____

_____

3. How many patients are seen in a typical half-day by you? _____

4. If you are teaching, how many patients are seen in a typical half day by you? _____
By your learners? _____ Pre-clerkship level
_____ Clerkship
_____ PGY1 Resident
_____ PGY2 Resident

5. What resources are available for learners in your setting? □ Textbooks □ CD-ROM □Internet access
□ Didactic sessions □ PBSG group □ Journal club □ Other: _____

4. After Hours (non-obstetrical) Care (Please choose all that apply)

a) How do you provide after-hours care for your patients?
□ On-call for my own practice nightly
□ Shared on-call for a group practice nightly
□ Member after-hours clinic/group
□ Sign out to house call service/after-hours clinic/emergency
□ Other : _____

b) Do you involve the learner in non-obstetrical after hours care? □ Yes □ No

5. Obstetrical Care

a) Do you provide antenatal care for your patients? □ Yes □ No Estimate #/year: _____

b) Do you provide intrapartum care for your patients? □ Yes □ No Estimate #/year: _____
If yes, are your learners involved in the intrapartum care? □ Yes □ No

c) Do you provide in-patient care? □ Yes □ No

d) in-hospital newborn care? □ Yes □ No

e) Do you look after any long-term care patients? □ Yes □ No

6. Emergency/Urgent Care

a) Do you provide the opportunity to work in an Emergency Room? □ Yes □ No Setting: _____

b) Do you provide the opportunity to work in Urgent Care? □ Yes □ No Setting: _____

Please identify the number and types of learners you currently have or would like to have:

Type of Learner	Pre-clerkship	Clerkship	UG Elective	Resident	Two-block rural	PG Elective	Research Student	Other (please specify)
Ideal # of learners/year								
Current # of learners/year								

CLINICAL SUPERVISION AND FEEDBACK OPPORTUNITIES FOR THE LEARNER

1. Do you/are you able to routinely meet with the learner to review their learning objectives at the beginning of the rotation? □ Yes □ No

2. Does/would your clinical supervision include: (check all that apply)

□ Direct observation (sit in the room & watch)

□ Remote observation (video/2 way mirror)

□ Learner case presentation

□ Chart review

□ Other (please describe)

3. Any other teaching opportunities for the learner?

_____

_____

_____

Please fax the form back to (905) 528-5337 or email to mwatson@mcmaster.ca.