

OBJECTIVE I: LEARNING CONTRACT

Student Name:

Preceptor Name:

LEARNING CONTRACT

(Please complete items 1-8 before first day of preceptorship/clerkship/rural rotation)

Student: Please complete this part.

Student's Prior
Experience/Courses

I need more
experience in

Preceptor's Notes
(for preceptor's use)

PREFERRED RESPONSIBILITY LEVEL

(Check one for each question)

1. I prefer to see: every patient with the preceptor
 selected patients in depth
 patients with _____ problem(s)
2. I prefer to: wait and see all patients with the preceptor
 see the patient alone first
 do either as skills and circumstances allow
3. I prefer to: observe most procedures
 assist in most procedures
 learn to do every possible procedure
4. I prefer to: observe the preceptor doing H&P & primary management
 do H&P and manage the patient with the preceptor
 do either as skills and circumstances allow
5. Counseling patients interests me:
 a lot; I like to counsel
 only if needed for individual problems
 very little
6. I'm most comfortable with:
 questions and answers in front of patients
 observation and private discussion later
7. I think health care is best delivered by:
 a well-trained primary physician
 highly competent specialists each covering his own health "component"
 other _____

(OVER)

8. The main thing I would like to get from this rotation is:

For the Preceptor:

9. Dress code:

10. After Hours Call Arrangements:

11. Optional – Honors Project (Discuss with preceptor as desired):

12. Preceptor's Expectations:

Signature

(student)

(preceptor)

Date completed: _____

Please return this form with the other required documentation at the completion of your rotation.