

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