



# CLINICAL EXPERIENCE REPORTING FORM (EXIT) CR-2

AHEC Region Use Only:

Student ID: \_\_\_\_\_

Area Health Education Center Program

The Pennsylvania AHEC, in partnership with your school, is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. All survey responses are confidential. Data will only be used within the AHEC program and never for commercial purposes.

Date Completed: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

1. Your Name: \_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Middle Name Maiden Name

### 2. Academic/Training Year:

- Undergraduate – Year 1 (1)
- Undergraduate – Year 2 (2)
- Undergraduate – Year 3 (3)
- Undergraduate – Year 4 (4)
- Undergraduate – Year 5 (5)
- Graduate – Year 1 (6)
- Graduate – Year 2 (7)
- Graduate – Year 3 (8)
- Graduate – Year 4 (9)
- Graduate – Year 5 (10)
- Graduate – Year 6 (11)
- Graduate – Year 7 (12)
- Residency – Year 1 (13)
- Residency – Year 2 (14)
- Residency – Year 3 (15)
- Residency – Year 4 (16)
- Fellowship – Year 1 (17)
- Fellowship – Year 2 (18)
- Fellowship – Year 3 (19)
- Internship – Year 1 (20)
- Internship – Year 2 (21)
- Non-Degree Training Program – Year 1 (22)
- Non-Degree Training Program – Year 2 (23)

### 3. Training Category:

- Student (Enrollee) (1)
- Fellow (2)
- Resident (3)
- Faculty (4)
- Practicing Professional (5)

### 4. Enrollment Status:

- Full-Time (1)
- Part-Time (2)
- On leave of absence (3)

### 5. Age Group:

- Under 20 years (1)
- 20-29 years (2)
- 30-39 years (3)
- 40-49 years (4)
- 50-59 years (5)
- 60 years or older (6)

### 6. What is your discipline/specialty:

- Chiropractic (1)
- Family Medicine (2)
- General Internal Medicine (3)
- General Pediatrics (4)
- General Preventive Medicine (5)
- Obstetrics/Gynecology (6)
- Pharmacy (7)
- Podiatry (8)
- Psychiatry (9)
- Public Health (10)
- Physician Assistant (11)
- General Dentistry (12)
- Dental Hygiene (13)
- Dental Assistant (14)
- Public Health Dentistry (15)
- Nurse Administrator (16)
- Nurse Anesthetist (17)
- Nurse Midwife (18)
- Nurse Practitioner (NP) (19)
- LPN (20)
- MSN – other adv. nurse specialists (21)
- Registered Nurse (22)
- Clinical Psychology (23)
- Clinical Social Work (24)
- Physical Therapy (25)
- Other: \_\_\_\_\_

## ROTATION INFORMATION

### 7. What is the name of the facility where your rotation took place?

Name of facility: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**8. What is the name(s) of your preceptor(s) responsible for this rotation?**

Preceptor Name: \_\_\_\_\_  
First Last

Preceptor Name: \_\_\_\_\_  
First Last

**9. Was the clinical experience (rotation) you just completed labeled as (or could best be considered) which of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Family Medicine (1)           | <input type="checkbox"/> OB/GYN (6)            |
| <input type="checkbox"/> General Internal Medicine (2) | <input type="checkbox"/> General Dentistry (7) |
| <input type="checkbox"/> General Pediatrics (3)        | <input type="checkbox"/> Nursing (8)           |
| <input type="checkbox"/> General Surgery (4)           | <input type="checkbox"/> Pharmacy (9)          |
| <input type="checkbox"/> Psychiatry (5)                | <input type="checkbox"/> Other: _____          |

**10. What were the start and end dates of this clinical experience (rotation)?**

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

**11. How much clinical time did you spend in this training/clinical experience? (If less than 1 day enter "1")**

\_\_\_\_ day(s)

**12. Did you complete this program (rotation)?**  Yes  No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>13. Do you intend to practice in Pennsylvania?</b>             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Do you intend to practice in a Primary Care Setting?</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Do you intend to practice in a Medically Underserved Area?</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Do you intend to practice in a Rural Area?</b>                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**14. Please rate the clinical experience (rotation) you just completed with respect to the following:**

	Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied	Does Not Apply
a. Achievement of the learning objectives intended or stated for this experience	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Achievement of my personal learning objectives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Accessibility of on-site learning resources (Internet, tutorials, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Accessibility of preceptor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Opportunity to deliver hands-on patient care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Accessibility of internet and other learning resources from my housing location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Quality/condition/safety of housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Quality of community lifestyle (i.e. resources/culture/educational/social/entertainment)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**AHEC Region Use Only**

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Preceptor Code: \_\_\_\_\_

Preceptor Code: \_\_\_\_\_

Site Code: \_\_\_\_\_

Entered by: \_\_\_\_\_