

Preceptorship Form

Candidate's Name: _____

Date: _____ 4th Month () 8th Month () (✓) where appropriate

Items	Satisfactory Performance	Non-satisfactory Performance (please specify)
1. Consultation skills and history taking <i>f</i> Doctor-patient relationship (Appropriate patient centeredness) <i>f</i> Communication technique <i>f</i> Relevant history <i>f</i> Appropriate use of time		
2. Physical Examination <i>f</i> Systematic examination <i>f</i> Technique of examination <i>f</i> Ability to elicit abnormal signs		
3. Problem solving and diagnosis <i>f</i> Problems identification <i>f</i> Provisional/differential diagnosis <i>f</i> Investigations: relevance cost effectiveness <i>f</i> Interpretation of results		
4. Patient management <i>f</i> Management plan <i>f</i> Prescribing skills <i>f</i> Anticipatory care		
5. Patient care <i>f</i> Explanation to the patient <i>f</i> Use of appropriate words		
6. Record keeping <i>f</i> Systematic and neat <i>f</i> Relevance information available		
OVERALL PERFORMANCE (Circle where appropriate)	Acceptable	Not Acceptable

