

Together... we're making a difference
Veterinary Preceptorship Program of Western Canada

Preceptorship Evaluation

(to be completed by the student)

*****Deadline for submission**
September 1st***

Name: _____

Permanent Address: _____

Phone number: _____

Veterinary Supervisor: _____

Practice Name: _____

Practice Address: _____

Phone Number: _____

Type of Practice: _____

PART I - Professionalism:

Please list duties or responsibilities assigned to you (please use attached checklist).

Amount of supervision?	exceptional	excellent	good	satisfactory	minimal pass
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Were you left on your own without any type of accessibility to your supervising veterinarian	Yes	No
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If yes, for how long? _____

Opportunities for teaching and learning	exceptional	excellent	good	satisfactory	minimal pass
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PART II – Veterinary Procedures:

Opportunities to practise:

Surgical Knowledge	exceptional	excellent	good	satisfactory	minimal pass
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Surgical Skills	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Medical Knowledge	exceptional	excellent	good	satisfactory	minimal pass
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Medical Application	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Diagnostic Skills	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Patient Care	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Charting or Recording Skills	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Animal Handling Skills	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

Describe your opportunities to increase your awareness of pertinent ethical and legal issues	exceptional	excellent	good	satisfactory	minimal pass
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PART III – Business Economics/Management

Opportunities to practice:

Business Skills:

Invoicing	exceptional	excellent	good	satisfactory	minimal pass
Office Procedures	exceptional	excellent	good	satisfactory	minimal pass
Housekeeping Skills	exceptional	excellent	good	satisfactory	minimal pass
Costs of procedures	exceptional	excellent	good	satisfactory	minimal pass
Markups	exceptional	excellent	good	satisfactory	minimal pass
Fees	exceptional	excellent	good	satisfactory	minimal pass
Wages	exceptional	excellent	good	satisfactory	minimal pass

Comments:

Interpersonal Skills:

Clients	exceptional	excellent	good	satisfactory	minimal pass
Professional Staff	exceptional	excellent	good	satisfactory	minimal pass
Non-Professional Staff	exceptional	excellent	good	satisfactory	minimal pass
Telephone Technique	exceptional	excellent	good	satisfactory	minimal pass

Comments:

Overall awareness of Practice Economics after completion of program	exceptional	excellent	good	satisfactory	minimal pass
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Comments:

What was your preferred practice type or
practice species at the beginning of your preceptorship? _____

Did this preference change as a result of your preceptorship? _____

If you answered “yes”, please explain briefly. _____

How would you rank your experience: exceptional excellent good satisfactory minimal pass

Would you recommend this experience for someone else? Yes _____ No _____

Please comment: _____

Salary: _____ Living Expense: _____

Housing availability: exceptional excellent good satisfactory minimal pass

Recommendations regarding this program: _____

Signed: _____

Student

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Please write a brief summary describing three strengths
or weaknesses during your preceptorship term.

Are you willing to allow your evaluation to be seen by the practice?
Would you be willing to share this information with others?

Yes _____ No _____
Yes _____ No _____