



Preceptor Program Reporting Form & Evaluation

University of Bridgeport

Clinical Year 2024-2025

Reporting Form – *you must return this form by 12/15/2024 if you wish to receive AAPA Category 1 CME credit for precepting hours for 2024*

Your Name and credentials: _____

Name of clinic or hospital: _____

How many hours did you precept during the clinical year shown above? _____

Did you precept more than one student at a time? (*Circle one*) Yes No

If so, how many students did you precept simultaneously? _____

Evaluation Form

Please complete the following evaluation form. Your written comments are greatly appreciated. For the purposes of this survey, please think about your experience as a clinical preceptor and the self-reflective processes associated with clinical teaching of PA students. This might include observing growth in a student's knowledge, skills and professionalism following your interactions with them or soliciting and analyzing student feedback to improve your own clinical knowledge, skills, and interpersonal relations.

1. What was your overall opinion of the *CME activity* related to clinical precepting? (Please circle one)

Excellent

Good

Satisfactory

Poor

2. What aspects of clinical precepting did you find most valuable to your continued development as a PA?

3. What aspects of clinical precepting did you find least valuable to your continued development as a PA?



4. Do you have specific suggestions as to how the preceptor program might be improved?

5. Would you participate in this *CME activity* again? Yes No

6. Would you recommend clinical precepting to a colleague? Yes No

Thank you for taking the time to share your thoughts with us.

Return this form by 12/15/2024

to:

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or by fax/mail to:

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