PENNSYLVANIA AHEC	CLINICAL EXPERIENCE REPORTING FORM (EXIT) CR - 2	**AHEC Region Use Only:** Code: _ _ _ _ _ _ _ _ _ _ _

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.

Please answer each item as completely as possible. Please print all responses.

Date Completed: __ __ / __ __ / __ __ __ __
Month Day Year

1. Your Name __
Last Name

__ __
First Name Middle Name

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

2a. Preceptor Name: _____ _____
First Last

2b. Preceptor Name: _____ _____
First Last

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

a. Name of facility: _____ b. ZIP Code _____

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

Start Date: __ __ / __ __ / __ __ __ __ End Date: __ __ / __ __ / __ __ __ __
Month Day Year Month Day Year

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

__ __ __ days

6. 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	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
b.	Achievement of my personal learning objectives	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
c.	Accessibility of on-site learning resources (Internet, tutorials, etc.)	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
d.	Accessibility of preceptor	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
e.	Opportunity to deliver hands-on patient care	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6

7. Please rate the following attributes of your housing for the rotation you just completed. *If housing was not provided for you, Please mark "Does Not Apply".*

		Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied	Does Not Apply
a.	Accessibility of internet and other learning resources from my housing	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
b.	Quality/Condition of housing	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6
c.	Safety of housing/community	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6

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

❑ Family Medicine (1)
❑ General Internal Medicine (2)
❑ General Pediatrics (3)
❑ General Surgery (4)
❑ Psychiatry (5)
❑ OB/GYN (6)
❑ General Dentistry (7)
❑ Nursing (8)
❑ Other _____ (9)

9. What was your status during this rotation? *If undergraduate studies exceed four years, please select 'Other' and provide an explanation. Undergraduate refers to medical school as well as a college or university program.*

❑ 1st year undergraduate/Medical school (1)
❑ Post Graduate Year 2 (6)
❑ 2nd year undergraduate/Medical school (2)
❑ Post Graduate Year 3 (7)
❑ 3rd year undergraduate/Medical school (3)
❑ Post Graduate Year 4 (8)
❑ 4th year undergraduate/Medical school (4)
❑ Post Graduate Year 5 (9)
❑ Post Graduate Year 1 (5)
❑ Other _____ (10)

10. Has the clinical rotation you just completed influenced your feelings about the probability that you might practice in one of the following areas upon graduation? *(Please answer all.)*

		Made It less Likely	No Influence	Made it More Likely
a.	In Pennsylvania	❑ 1	❑ 2	❑ 3
b.	In a rural area	❑ 1	❑ 2	❑ 3
c.	In an urban area	❑ 1	❑ 2	❑ 3
d.	In a medically underserved area	❑ 1	❑ 2	❑ 3

Students MUST complete highlighted sections. Please refer to the code list below.

Date Entered: __ __ / __ __ / __ __ __ __ (Month / Day / Year)

Preceptor Code: ___ ___ ___ ___ ___ ___

Site Code: ___ ___ ___ ___ ___ ___

Entered by:

(For a, c, and d below circle answer; fill in code for b)

(a) Minority: ❑yes ❑no (b) school code 156 (c) Longitudinal ❑Yes ☒No

(d) type of student: ☒ medical

PA AHEC
CR2 Practice Site and Preceptor ID Numbers

Please choose the practice site ID number for the site at which you spent the majority of time during the rotation.

Practice Site	Address	Site ID Number	Preceptor Name	Preceptor ID Number
Altoona Family Physicians	501 Howard Ave, Altoona PA 16601	**550058**	Dr. Beckstead Dr. Terry Ruhl	**500005** **500065**
Conemaugh Memorial Medical Center	1086 Franklin St, Bldg E, Rm 3349, Johnstown PA 15905	**550091**	Dr. Jeanne Spencer	**500110**
Lancaster General Hospital	555 N Duke St., Lancaster PA 17604	**550136**	Dr. Mark Rast	**500140**
Lancaster General Hospital	555 N Duke St., Lancaster PA 17604	**550136**	Dr. Christine Stabler	**500158**
The Good Samaritan Family Practice Center - Lebanon	Hyman S. Caplan Pavilion, 4th & Willow Streets, Lebanon PA 17042	**550068**	Dr. John Sheffield	**500141**
ELCO Family Health Center (Good Samaritan)	6 Perri Ave, Myerstown PA 17067	**550050**	Dr. J. Bayard Yoder	**500077**
Lebanon Family Health (Good Samaritan)	615 Cumberland St, Lebanon PA 17042	**550139**		
Manor Care Nursing Home (Good Samaritan)	900 Tuck St, Lebanon PA 17042	**550140**		
Reading Hospital & Medical Center	301 S 7th Ave, West Reading PA 19611	**700250**	Dr. Jane Weida	**700086**
PSHMG – Camp Hill	3025 Market St, Camp Hill PA 17011	**550097**	Dr. Ann Bogdan	**500116**
PSHMG – Elizabethtown	1 Continental Dr, Elizabethtown PA 17022	**550040**	Dr. Jay Zimmermann	**500171**
PSHMG – Fishburn Road	845 Fishburn Rd, Hershey PA 17033	**550062**	Dr. Peter Lewis Dr. Abdul Waheed	**500049** **500211**
PSHMG – Front Street	1711 N Front St, Harrisburg PA 17102	**550021**	Dr. Jarrett Sell	**500172**
PSHMG – Middletown	3100 Schoolhouse Rd, Middletown PA 17057	**550073**	Dr. Ellen Crimmel	**500143**
PSHMG – Nyes Road	121 Nyes Rd, Ste E, Harrisburg PA 17112	**550082**	Dr. Mary Beth Heathcote	**500144**
PSHMG – Palmyra	941 Park Dr, Palmyra PA 17078	**550064**	Dr. Shanin Gross	**500145**
PSHMG – Windmere	476 Rolling Ridge Drive, Suite 101, State College, PA 16801	**200114**	Dr. Franklin Berkey	**200083**
PSHMG – Windmere	476 Rolling Ridge Drive, Suite 101, State College, PA 16801	**200114**	Dr. Kristen Grine	**200081**

Practice Site	Address	Site ID Number	Preceptor Name	Preceptor ID Number
St Vincent Health Center Family Medicine Residency	2314 Sassafras St, 3rd Floor, Erie PA 16502	**100053**	Dr. Bruce Gebhardt Dr. Tim Pelkowski	**931101** **100111**
UPMC Shadyside Hospital	5215 Centre Ave, Pittsburgh PA 15232	**400299**	Dr. Jackie Weaver-Agostoni	**400506**
UPMC St Margaret Bloomfield-Garfield Family Health Center	5475 Penn Ave, Pittsburgh PA 15206	**400033**	Dr. Ann McGaffey	**400381**
UPMC St Margaret Lawrenceville Family Health Center	3937 Butler St, Pittsburgh PA 15201	**400196**		
UPMC St Margaret New Kensington Family Health Center	301 11th St, New Kensington PA 15068	**400112**		
Washington Hospital	155 Wilson Ave, Washington PA 15301	**400344**	Dr. Paul Slomiany	**400035**
Williamsburg Family Practice	306 Plum St, Williamsburg PA 16693	**550009**	Dr. Fiona McLellan	**500107**
Williamsport Hospital Family Practice Residency Program	699 Rural Ave, SL 1, Williamsport PA 17701	**200016**	Dr. Timothy Heilmann	**200034**
York Hospital Thomas Hart Family Practice Center	1001 S George St, York PA 17405	**550078**	Dr. Mark Goedecker	**500095**