



DAOM Program Mentorship/Preceptorship Evaluation Form

Student Name: _____

Cohort: _____

Specialty: Healthy Aging & Internal Medicine

Women’s Health & Reproductive Medicine

Purpose of Evaluation: (please check only one)

DCL1400 Clinical Specialty Mentorship

DCL1500 Clinical Selectives: Clinical Preceptorship

Other: (please specify): _____

Description of Mentorship/Preceptorship program: _____

Location of Mentorship/Preceptorship Program: _____

Name of Evaluating Mentor / Preceptor: _____

Mentorship/Preceptorship Dates From: _____ To _____

Total Number of Mentorship/Preceptorship Hours Completed: _____

The following items are to be completed by the Mentorship Supervisor / Preceptor:

Using the clinical or non-clinical programs scale below, please indicate your perspective on the level at which the student achieved the listed DAOM program objectives through this Mentorship / Preceptorship program:

- 1: Fails to meet expected competency and/or learning outcome*
- 2: Minimally meets expected competency and/or learning outcome*
- 3: Fully meets expected competency and/or learning outcome*
- 4: Exceeds expectation in meeting competency and/or learning outcome*
- N/A: Evaluation criterion not applicable; unable to evaluate*

A. For Clinical Programs:

Competencies / Learning Outcomes	1	2	3	4	N/A
1. Acquire advanced knowledge in the student’s selected specialty					
2. Apply advanced TCM knowledge to clinical practice in the student’s selected specialty					
3. Demonstrate advanced skills and competencies in clinical diagnosis in the student’s selected specialty					
4. Demonstrate advanced skills and competencies in patient treatment and care in the student’s selected specialty					

5. Demonstrate effective collaboration with other health care professionals in integrative patient care					
6. Demonstrate leadership in the student's selected specialty and/or in integrative patient care					

B. For Non-Clinical Programs:

Competencies / Learning Outcomes	1	2	3	4	N/A
1. Acquire advanced knowledge in the student's selected specialty					
2. Apply advanced TCM knowledge in the student's selected specialty to one or more of the following areas: teaching, clinical research, writing and publications, and other scholarly activities					
3. Demonstrate advanced skills and proficiency in one or more of the following areas: teaching, clinical research, writing and publications, and other scholarly activities					
4. Demonstrate effective collaboration with other health care professionals in teaching, clinical research, writing and publications, and other scholarly activities					
5. Demonstrate leadership in the student's selected specialty and/or in academia, clinical research, writing and publications, and other scholarly activities					
6. Other advanced level skills and proficiency (please specify):					

The Mentorship / Preceptorship Supervisor signature below affirms the completion of the experience detailed above

Supervisor's Signature: _____ Date: _____

<i>For use by YSU DAOM admin only:</i>		
Received by: _____	Date received: _____	
DAOM Dean Approval:		
Number of Hours Credited: _____	<input type="checkbox"/> DCL1400	<input type="checkbox"/> DCL1500 <input type="checkbox"/> Other: _____
DAOM Dean Signature: _____	Date: _____	
Record of payment to mentorship/preceptorship supervisor:		
Amount paid: _____	Date: _____	Bursar signature: _____