

# Learning Contract

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

## LEARNING CONTRACT *(Please complete items 1–7 before first day of Continuity Preceptorship)*

### For The Student:

Prior medical experiences I would like to share with my preceptor:	Preceptor's Notes <i>(for preceptor's use)</i>

I need more experience in:	Preceptor's Notes <i>(for preceptor's use)</i>

<b>PREFERRED RESPONSIBILITY LEVEL <i>(Check one for each question)</i></b>
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1. I prefer to see:	_____	every patient with the preceptor
	_____	selected patients in depth
2. I prefer to:	_____	wait and see all patients with the preceptor
	_____	see the patient alone first
	_____	do either as skills and circumstances allow
3. I prefer to:	_____	observe most procedures
	_____	assist in most procedures
	_____	learn to do every possible procedure
4. I prefer to:	_____	observe the preceptor doing history
	_____	observe the preceptor doing physical
	_____	do history with preceptor
	_____	do physical with preceptor
	_____	do as skills and circumstances allow
	_____	do history alone and then present to preceptor
	_____	do physical alone and then present to preceptor
5. Counseling patients interests me:	_____	a lot; I like to counsel
	_____	as needed for problems
	_____	very little
6. I'm most comfortable with	_____	questions and answers in front of patients
	_____	observation and private discussion later

7. The main thing I would like to get from the Continuity Preceptorship is: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

### For The Preceptor:

8. Preceptor's Expectations: \_\_\_\_\_

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*Student Signature*

*Date*

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*Preceptor Signature*

*Date*