UNIVERSITY OF SASKATCHEWAN
College of Medicine
PHYSICIAN ASSISTANT STUDIES
MEDICINE.USASK.CA/MPAS

MPAS CLINICAL ROTATIONS

CHECK-IN FORM (FORMATIVE)

This form is to be completed by the Designated Preceptor / Rotation Coordinator. The intent of this form is to facilitate a brief, intentional weekly (most rotations) or bi-weekly (Rural LIC) check-in between the Learner and their Preceptor to discuss formative feedback.

PA Trainee Name:

Assessor Name:

Date:

Clinical Rotation: *(choose: Emergency Medicine, Family Medicine (Urban), Internal Medicine, Mental Health & Addictions, Pediatrics, Rural LIC, Surgery, Women's Health, Elective)*

START, STOP, CONTINUE

What should the Learner START doing?

What should the Learner STOP doing?

What is going well, that the Learner should CONTINUE doing?

Have there been any Professionalism concerns?

Yes☐ No☐

Note: If 'yes', the MPAS Program will reach out to you directly regarding next steps.