

FORMATIVE FEEDBACK FORM

Student Name _____ (Print Name) Attending/Resident _____ (Print Name)
(Print Name) (Circle One)

Self-Assessment: *Reflect on your progress in this clerkship. Answer **before giving** to your resident or attending.*

What are your strengths so far on this rotation?

What have you found challenging?

What are your plans for improvement? How can your team help?

Resident/Faculty Assessment:

This form is to help students gauge progress and improve performance. It is NOT part of their final assessment or grade.

Knowledge/Critical Thinking:

Recommendations for Improvement:

Increase fund of knowledge; recommended resources: _____

Improve ability to formulate appropriate patient-specific differential diagnoses

Other: _____

Clinical Skills:

Recommendations for Improvement:

Improve history-taking skills

Improve communication with patient (e.g. flow, non-verbal/verbal communication, non-leading questions)

Elicit, expand on pertinent information in ROS, PMH, FH, SH

Improve physical exam skills

Improve exam technique in these areas: _____

Demonstrate understanding of pertinent exam relative to chief complaint/history

Improve presentation skills

Practice organization and flow

Highlight pertinent information

Synthesize and prioritize assessment and plan

Improve patient documentation

Improve organization

Highlight pertinent history/exam findings relative to patient's specific problems

Document and maintain an updated assessment/plan

Other: _____

Attitude:

Recommendations for Improvement:

Demonstrate engagement and curiosity (e.g. patient ownership, participation, follow-up)

Demonstrate professional behaviors with patients and team (e.g. punctuality, respectfulness)

Seek out and assimilate feedback

Other: _____

Additional comments or improvement opportunities: _____

Please check here if you believe this student is below expectations for this point in the year in any of the above competencies.

Attending/Resident Signature: _____

Date: ____/____/____