

Daily Pediatric Clerkship Feedback Form

Student Name: _____ Date: _____

Instructions: Check one or two areas to target your feedback. Give the form to someone to observe your skills (faculty, resident, peer, other healthcare profession). Review the form at the end of the day/session. This form is meant to help you obtain timely formative feedback on your clinical skills. Observers MAY give you additional feedback.

Clinical Skills and Knowledge	Patient Care Skills	Interpersonal Relationships
Knowledge in subject area	Integration skills	Communication skills
Data gathering skills	Management skills	Professional relationships
Written clinical reporting skills	Patient centered care	Relationships with patients & families
Oral clinical reporting skills		
Procedure skills	Educational attitudes	Dependability and responsibility

What I observed:

Keep doing:

Start doing:

Stop doing: