

## Performance Rating by Preceptor: NICU Follow-Up Clinic Visit

Preceptor's Name: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

### The Resident:

1. Gained a sense of the family's resources, priorities, and concerns.  Yes  No
2. Gained sense of the importance of collaboration between the medical team and the family.  Yes  No
3. Demonstrated appropriate professional behavior.  Yes  No
4. Actively listened.  Yes  No
5. Communicated clearly, avoided using jargon or medical terms, or explained them.  Yes  No
6. Demonstrated basic knowledge about this clinic.  Yes  No
7. Displayed competence when working with the team.  Yes  No
8. Appeared well prepared for this observation.  Yes  No
9. Did the resident arrive/depart on time?  
If no, please explain.  Yes  No

### The Visit:

10. Overall, were you satisfied with this experience?  Yes  No
11. Did you discover ways in which a physician can contribute to the assessment/intervention process?  Yes  No
12. Would you be willing to host another resident?  Yes  No
13. Did you have any difficulties during this experience?  
If yes, please describe.  Yes  No