Performance Rating by Preceptor: Specialty Clinic Visit

Preceptor's Name:_____

Resident's Name:_____

Name/Type of Clinic:_____

Date of Visit:_____

The Resident:

1. Gained a sense of the family's resources, priorities, and concerns. ❑ Yes ❑ No
2. Gained a sense of the importance of collaboration between the medical team and the family. ❑ Yes ❑ No
3. Demonstrated respect for the patient's and family's beliefs, values, culture, and customs. ❑ Yes ❑ No
4. Provided input about resources and services available for children with special health care needs and their families. ❑ Yes ❑ No
5. Understood the process of information sharing among the clinical team. ❑ Yes ❑ No
6. Demonstrated appropriate professional behavior. ❑ Yes ❑ No
7. Actively listened. ❑ Yes ❑ No
8. Communicated clearly, avoided using jargon when speaking with the family about the child's health care needs. ❑ Yes ❑ No
9. Displayed competence when working with the child, family, and/or team. ❑ Yes ❑ No
10. Appeared well prepared for this clinic visit. ❑ Yes ❑ No
11. Did the resident arrive/depart at the scheduled time? If no, please explain. ❑ Yes ❑ No

12. Were you satisfied with the format of this clinic visit for the Children with Disabilities rotation? ❑ Yes ❑ No

13. Did you have any difficulties during this experience? If yes, please describe. ❑ Yes ❑ No

14. Would you be willing to host another resident? ❑ Yes ❑ No

Please return this form to:
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