

PSYCHIATRY CLERKSHIP FEEDBACK CARD – CAN GIVE FEEDBACK ON ONE OR MORE AREAS AS APPROPRIATE

DATE:

STUDENT NAME:

RESIDENT/ATTENDING NAME:

AREA OF EVALUATION	WHAT WAS DONE WELL	AREAS FOR IMPROVEMENT	COMMENTS
HISTORY TAKING			
PHYSICAL/MENTAL STATUS EXAM			
CASE PRESENTATION			
WRITTEN DOCUMENTATION			
MEDICAL KNOWLEDGE			
PATIENT CARE			

CONDUCT OF AN OBSERVED INTERVIEW			
RAPPORT/EMPATHY WITH PATIENTS			
PROFESSIONALISM/ ETHICS			
MOTIVATION/RESPONSIBILITY			
ABILITY TO WORK WITH THE MULTIDISCIPLINARY TEAM			
ABILITY TO GENERATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS			
ABILITY TO GENERATE APPROPRIATE TREATMENT PLAN			
INTEGRATION OF MEDICAL AND PSYCHIATRIC ILLNESS			
OTHER:			