Feedback Card

Student: ________________________________
Clerkship: Neurology
From: ___/___/___ to ___/___/___
Mid-clerkship feedback date: ___/___/___

Student instructions:
1. Student will ask for frequent feedback from attendings, preceptors and residents throughout the month.
2. Ask the evaluator to write his/her comments on the back.
3. Give this card to your attending on the last day of the rotation to use in your final evaluation.

Evaluator instructions:
1. Please give feedback to the student when asked.
2. Consider the following items to comment on (PRIME):
   (P) rofessionalism: Timeliness, dress, participation, interactions with patients and staff.
   (R) eporting: History, physical, oral case presentation.
   (I) nterpretation: Ability to come up with a reasonable diagnosis and differential. Includes “do not miss diagnoses”.
   (M) anaging: Efficiency, helpfulness, quality of care, appropriate test ordering and medication use.
   (E) ducation/(E) nhanced communication: Teaching the team or patient. Establishing an agenda and exploring beliefs, feelings and concerns.
3. Use this card to help with both mid-clerkship feedback and final evaluation.

During mid-clerkship feedback, the positive comments should be reinforced. The negative comments may have been corrected spontaneously or one-time issues, while others are active issues for improvement.

The student does this well:
Date

The student can work on this:
Date