

NP Residency Program

Clinical Observation and Feedback Form

Date:

Resident:

Preceptor:

Indicate type of visit: Initial Established Physical Well child Acute
Patient Complexity: Low Moderate High

<p>Use the following checklist as a tool to identify specific strengths and areas for improvement based on your clinical observation</p> <p>+ = Exceeds expectations x = Meets expectations - = Needs improvement n/a = not observed</p>	<p>Use this space to provide any specific observed feedback</p>
HISTORY	+ X - n/a
Introduces self and explains role	
Avoids interrupting and appropriately leads the visit	
Uses a logical sequence of questions	
Uses an appropriate level of detail in questioning	
PHYSICAL EXAM	+ X - O
Explains to patient and/or family what they are doing	
Matches sequence of exam to cooperation level	
Elicits accurate and complete findings	
Demonstrates correct technique for all portions of observed exam	
Performs efficient exam that is targeted to the chief clinical complaint and initial differential diagnosis	
COMMUNICATION	+ X - O
Conveys support, concern, and respect verbally and non-verbally	
Uses appropriate medical language for the patient's level of understanding	
Uses an interpreter appropriately	
Provides accurate and relevant information to patient and family	
Clearly communicates diagnosis and treatment/care plan	
Explicitly asks for patient/parent input and makes decisions jointly with patient/family	
Allows opportunity for questions/clarification	

KEY FEEDBACK FROM CLINICAL OBSERVATION

1. Describe something that the NP Resident identified that they did well and why it worked.
2. Describe something that you as the observer identified was done well and why it worked.
3. Describe something you and the NP Resident identified that they could continue to work on.