**SAMPLE EPISODIC FEEDBACK FORM (for Psychiatry)**

**Page 1.**

Dear UCR Psychiatry Attending,

First, let me extend a thank you for your help with our medical students. During this clerkship, our students are required to have at least 5 feedback events completed in order to pass.

Please take 5 minutes to complete these three easy steps to assist them in improving themselves as physicians. Remember that the written portion can be included in the Dean’s Letter:

1. Fill out the attached feedback form
2. Take a picture on your smart phone—or have the student use their phone and cc a copy to you!
3. Email picture to [sromero@medsch.ucr.edu](mailto:sromero@medsch.ucr.edu) (the UCR SOM psychiatry coordinator) and place the written feedback form in the local shred bin

If you have time, please review the form and give your student feedback. If you desire, the student can take the photo and email it to us, so long as they make a copy that goes to you for verification of authenticity.

Thank you so much for your contribution to our students’ educations and to improving health care in the Inland Empire!

**Page 2.**

**Medical Student Clinical Evaluation, 3rd year**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Preceptor (print name first & last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rotation/Service (ie. Surgery, Pediatrics, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select student’s scores based on level of training:**

1. Needs improvement 2. Adequate 3. Meeting expectations 4. Above average 5. Exceptional, Top 20%, **r*equires comments below***

**Patient Care:** Provides patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

1 2 3 4 5 N/A

**Knowledge for Practice:**  Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care:

1 2 3 4 5 N/A

**Practice-Based Learning and Improvement:** Demonstrates the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning:

1 2 3 4 5 N/A

**Interpersonal and Communication Skills:** Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals:

1 2 3 4 5 N/A

**Professionalism:** Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles:

1 2 3 4 5 N/A

**Systems-Based Practice:**

1 2 3 4 5 N/A

**Interprofessional Collaboration:** Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care:

1 2 3 4 5 N/A

**Personal and Professional Development:** Demonstrates the qualities required to sustain lifelong personal and professional growth:

1 2 3 4 5 N/A

**Comments**: Please provide a performance-based narrative evaluation of the student’s overall performance. This may be included *verbatim* in the MSPE (“Dean’s Letter”) as part of their residency application.

I met with the student to provide feedback and complete this UCR evaluation form.I will return the completed form to the **student or Lauren Bonser** via any of the following methods: **lauren.bonser@medsch.ucr.edu, fax: 951-374-0095 or New Innovations online.** This is required within **1 week** of course completion for the student to receive course credit.

Faculty Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_