

# UW STUDENT FEEDBACK CARD

STUDENT NAME	PRECEPTOR NAME	DATE	AM/PM						
				NOT YET	GENERALLY	CONSISTENTLY	EXCELS	N/A	
<u>PATIENT CARE</u> HISTORIES, PHYSICAL EXAMS, PRESENTATIONS, INITIAL DIAGNOSIS & MANAGEMENT PLANS	1	2	3	4	<input type="checkbox"/>				
<u>KNOWLEDGE FOR PRACTICE</u> APPLIES PRINCIPLES TO PROBLEM- SOLVING	1	2	3	4	<input type="checkbox"/>				
<u>COMMUNICATION</u> WRITE-UPS, PATIENT-CENTERED COMMUNICATION ACROSS THE LIFE CYCLE	1	2	3	4	<input type="checkbox"/>				
<u>PERSONAL DEVELOPMENT</u> DEMEANOR THAT PUTS PATIENTS, FAMILIES AND TEAMS AT EASE	1	2	3	4	<input type="checkbox"/>				
<u>SYSTEMS-BASED PRACTICE</u> COORDINATES PT-CARE WITHIN HEALTHCARE SYSTEM	1	2	3	4	<input type="checkbox"/>				
<u>PRACTICE-BASED LEARNING</u> PERFORMS LEARNING ACTIVITIES TO ADDRESS GAPS	1	2	3	4	<input type="checkbox"/>				
<u>INTERPROFESSIONAL- COLLABORATION</u> PARTNERS WITH HEALTHCARE TEAMS	1	2	3	4	<input type="checkbox"/>				

**PLEASE WRITE ONE PHRASE OR SENTENCE ABOUT YOUR EXPERIENCE WITH THE STUDENT THIS SESSION:**

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