

**Abbotsford Regional Hospital & Cancer Centre  
 UBC Postgraduate Family Practice Residency Program Abbotsford Site**

**PAEDIATRICS ROTATION  
End of Week Feedback Form**

**Resident Name (print):** \_\_\_\_\_ **PGY level (1-2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service / Clinic:** \_\_\_\_\_ **Preceptor(s):** \_\_\_\_\_

- Instructions:**
- 1) Complete a form for each week in the rotation. These forms are your Attendance Record and form the basis of your final rotation evaluation.
  - 2) Document all patients and sessions - *if it's not documented, you didn't do it.*
  - 3) It is your responsibility to elicit feedback from your preceptor on this form.

**Resident Case Log:**

Provisional Diagnosis	Procedure(s)	Preceptor's Comments

**General Preceptor Comments:**

**Consider:**

<p><b><u>Trainee Strengths:</u></b></p>    	<p><b>Selectivity:</b> sick patients, urgency, prioritization, thoroughness</p> <p><b>Clinical reasoning:</b> diagnosis, DDx, data interpretation etc. judgment, decision making.</p> <p><b>Professionalism:</b> self awareness, team work, organization, charting etc.</p> <p><b>Communication:</b> verbal, non verbal, listening etc</p> <p><b>Procedural/examination skills:</b> Indications planning &amp; execution. etc</p>
<p><b><u>Trainee Focus for Improvement:</u></b></p>    	
<p><b><u>Meets Expectations (circle):</u>    Partially    Meets    Exceeds</b></p>	

NOTES \_\_\_\_\_

**Please return this form to Site Coordinator by FAX: 604-851-4886 or drop off in the Program office located in the Learning Centre, Room D2.024. These will be collected and forwarded to the Lead Preceptor at the end of your rotation.**