**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clerkship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle One: Attending Fellow Resident**

**Clerkship week #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOCUS: Feedback and Observation of Clinical (UME) Students**

**ORAL PRESENTATIONS (Optional)**

Please observe the student performing an **oral presentation** and provide them with feedback based on the behaviors listed below

* Prior to observation:
  + Ask student about specific areas they want to work on or areas you should focus your feedback on
* After you observe:
  + Encourage student assessment
  + Describe specific behaviors- use CSEF language below as prompts
  + Give positive and constructive feedback: at least 2 positives and 2 areas for improvement and develop an action plan

|  |
| --- |
| **Oral Presentations** |
| ***A 3rd year student who is competent in this domain:***  ***·****Delivers presentations that are well organized, focused, and concise for most patients*  ***·****Accurately reports patient data (history, exam, tests)*  ***·****Engages audience with appropriate pacing and voice dynamics*  ***·****Presents an**organized history and physical to demonstrate a differential diagnosis-driven presentation for most patients*  ***A 3rd year student who is achieving behavior beyond the 3rd year competency criteria:***  *·Presentation is customized to the listener(s), working environment and time available*  *·Presentation is clear, logical and convincing*  *·Tailors length and complexity of presentation to situation and receiver of information*  *·Able to integrate/synthesize new information effectively*  *·Conveys appropriate self-assurance to put patient and family at ease when presenting in front of the patient*  *and interpret even subtle findings accurately* |

|  |
| --- |
| **Comments: Specific examples of behaviors observed or missing from above** |
|  |

**Action Plan***: (Next steps for student):*

1.

2.

3.

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_