



Date: \_\_\_\_\_

- Site:     CCRH     DGH  
                    SJRH     QEII  
                    VRH

Other: \_\_\_\_\_

## **End-of-Shift Feedback- Form**

<b>Trainee's Name (Print):</b>		<input checked="" type="checkbox"/> <b>Level and Year:</b> <input type="checkbox"/> Med _____ <input type="checkbox"/> CCFP(EM) ____ <input type="checkbox"/> PGY _____ <input type="checkbox"/> RCPS EM ____
<b>Trainee's Strengths:</b>	<b>Suggested Areas for Feedback:</b> <ul style="list-style-type: none"> <li>• Hx and Px</li> <li>• DDx</li> <li>• Use of lab / x-ray</li> <li>• Presentation</li> <li>• Case Synthesis</li> <li>• Communication</li> <li>• Professionalism (dress, attitude, teamwork, ethics)</li> <li>• Teaching</li> <li>• Leadership</li> <li>• Department Management</li> <li>• Insight</li> </ul>	
<b>Trainee's Focus for Improvement:</b>		
<b>Trainee Case Log</b>		
<b>Gender &amp; Age</b>	<b>Provisional Diagnosis / Procedures</b>	<b>Preceptor's Comments</b> (Use back of sheet if necessary)
		<input checked="" type="checkbox"/> <b>Meets Expectations</b> <input type="checkbox"/> Partially <input type="checkbox"/> Meets <input type="checkbox"/> Exceeded
<b>Trainee's Signature</b> (Indicates this evaluation was reviewed):		<b>Preceptor's Signature:</b>
		<b>Preceptor's Name (Print):</b>
<b>Evaluation of Preceptor by Learner:</b> During your Emergency Medicine rotation, you are required to complete an online evaluation of your preceptor after each shift in the ED. This is done on One45.		

**NOTE:** *It is the trainee's responsibility to solicit feedback from their preceptor after each shift and to return all forms (including blanks) to the program coordinator. Please do not use Patient Identification Stickers.*