**Clinical Based Discussion / Observation**

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| **Clinical / Discussion Observation** |
| Date: |
| Summary of clinical presentation: |

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| **Elements of Practice** | |
| **Element of Practice** | **Comments** |
| History Taking |  |
| Physical Examination |  |
| Diagnostic Skills and underlying knowledge |  |
| Management and follow up plan |  |
| Clinical judgment and decision making |  |
| Communication skills |  |
| Professionalism |  |
| **Perceptor Feedback** | |
| General: | |
| Strengths: | |
| Development Needs: | |
| Recommended Actions: | |

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| **Preceptee reflection** |
| What did I learn from this experience? |
| What did I do well? |
| What do I need to improve or change? |
| How will I achieve this? |

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|  | **Signature** |
| **Preceptee** |  |
| **Preceptor** |  |