Exit STACER Feedback Form

Regarding the Exit STACER exam that you have just completed:

1. a) Was the selected patient suitable for this Exit STACER exam?

   YES      NO

   If NOT, please explain. (e.g. current clinical presentation not conducive to an exam; language barrier; etc)

____________________________________________________________________
____________________________________________________________________

b) In your opinion, was the patient adequately informed in advance of the purpose of the Exit STACER exam?

   YES      NO

2. Was this Exit STACER conducted according to the expected procedural standards as documented in the Exit STACER Procedures document (e.g. patient unknown to resident and both examiners, examiner(s) not a current or immediate past supervisor of resident, respect of outlined times, etc)?

   YES      NO

   If NOT, please explain.

____________________________________________________________________
____________________________________________________________________

b) Was there a significant difference in the way that the examiners conducted this Exit STACER exam?

   YES      NO

   If YES, please explain.

____________________________________________________________________
____________________________________________________________________

3. a) Were the questions posed to you by the examiners during the Question & Answer period appropriate to the content and process of this interview?

   YES      NO

   If NOT, please explain.

____________________________________________________________________
____________________________________________________________________
b) Did the examiners:
   
i) identify both areas of strength and areas for further improvement?
      YES     NO
   
ii) provide feedback in a supportive and constructive manner?
      YES     NO

4. Do you agree with the examiners' assessment of your performance today (i.e., ‘Met Expectations’ or ‘Did Not Meet Expectations’)?
   
      YES     NO

   If NOT, please explain.

__________________________________________________________________________
__________________________________________________________________________

6. Please address any concerns not outlined in the questions above.

__________________________________________________________________________
__________________________________________________________________________

**OPTIONAL**: Should you wish, you may provide direct feedback about each of your examiners.

Examiner #1:    Dr. __________________________

__________________________________________________________________________
__________________________________________________________________________

Examiner #2:    Dr. __________________________

__________________________________________________________________________
__________________________________________________________________________

Name: ___________________________  Signature: ___________________________

Date: ________________________