

Standardized Patient's Performance Feedback Form

Station number: ----- Cycle : -----

Morning/ Noon / Afternoon

Name of SP _____

Please respond to each of the items given below according to the performance of the Standardized Patient on this station.

1. Consistency in Portrayal

- SP was consistent in portraying the situation all of the time
- SP was consistent most of the time
- SP was inconsistent most of the time

2. Errors in history / performance

- Never
- Occasionally
- Frequently
- All the time

3. Prompting required (# of times)

- Never
- Occasionally
- Frequently
- All the time

4. Behavior towards the students

- According to requirement of the scenario/case
- Disinterested
- Over enthusiastic (provides information without being asked)

5. Did you at any time feel that the SP was tired?

- No
- Yes (please specify) _____

6. Did you at any time feel that the SP was uncomfortable?

- No
- Yes (please specify) _____

Comments, if any

Examiner's Name: _____

Date: _____