

Resident: _____ **Date:** _____

Topic: _____ **Setting:** _____

Phase: _____ **DOCC:** _____

EPA (1-26) *see pages 2-3:* _____

Skill Dimension: _____

Circle: Direct observation Case discussion Chart Review

Feedback (1-2 sentences):

Follow up:

Level of Supervision (if appropriate): 1 2 3 4 5

Signed _____ **Name:** _____
(Preceptor):

Signed _____
(Resident):