



Dartmouth
GEISEL SCHOOL OF
MEDICINE

ACADEMY OF
EDUCATORS AND SCHOLARS

Effective Assessment & Feedback Breakout Groups

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Activity Instructions – Breakout Groups

1. You will be put into breakout groups of 3. Each group will need one Learner, one Instructor, and one Observer.
2. Assign roles.
 - a. Learner – performs the case/encounter
 - b. Instructor – observes and delivers feedback
 - c. Observer – watches the interaction and provides feedback on how the feedback was given (If there are 4 in a group, there will be 2 observers)
3. Read the three scenarios provided below and, as a group, select the one that best matches your collective experience.
4. Assign roles for that scenario before beginning.
5. Deliver feedback using one of the following models: Ask-Tell-Ask, Pendleton's Rules, or SET-GO.



Scenarios

Scenario 1: Clinical Clerkship — Outpatient Clinic (MD/Student)

Setting: A third-year medical student just finished seeing a patient with the attending physician in a busy outpatient internal medicine clinic. The attending observed the entire visit. Feedback will be based on the **Student Performance Evaluation (SPE)**, which includes domains such as: Medical Knowledge, Clinical Reasoning, Communication Skills, Professionalism, and Clinical Skills (History-Taking/Physical Exam Technique.)

What happened: The student took a thorough history and built good rapport with the patient (warm, unhurried, made eye contact.) However, the student missed an opportunity to ask about medication adherence — a detail that turned out to be clinically relevant, and when presenting the case, the student jumped straight to a diagnosis without walking through a differential. The student also used some medical jargon when explaining next steps to the patient.

Instructor's task: Use the SPE domains explicitly (e.g., "Clinical Reasoning" and "Communication Skills") to frame the conversation. Balance a genuine strength (rapport-building, history-taking) with a growth area (differential diagnosis process, patient communication.) The SPE is available in the appendix if needed for reference.

Learner's task: Play a student who is fairly confident, mildly surprised to hear about the differential-diagnosis gap, and open to feedback once it's specific.

Observer's task: Track whether the instructor anchors feedback to SPE language versus vague praise/criticism, and whether Ask-Tell-Ask, SET-GO, or Pendleton is followed with fidelity.

Scenario 2: MPH Practicum / Field Placement (Preceptor–Student)

Setting: An MPH student is midway through a semester-long practicum with a local health department, working on a community needs assessment. The preceptor has just reviewed a draft memo the student prepared summarizing survey data for community partners. Feedback will be based on the **Practicum Competency Evaluation**, which includes domains such as: Data Analysis & Interpretation, Written Communication, Professionalism/Reliability, and Stakeholder Engagement.

What happened: The student's data analysis was technically solid and well-organized (correct use of methods, clean tables). However, the memo was written in dense academic language that community partners would likely struggle to follow, and the student missed a submission deadline by two days without flagging it in advance. The student has otherwise been reliable and responsive to email.

Instructor's task: Use the Practicum Competency Evaluation domains to structure feedback — affirm strength in Data Analysis, address gaps in Written Communication (audience-appropriate language) and Professionalism/Reliability (proactive communication about deadlines.) The rubric is available in the appendix if needed for reference.

Learner's task: Play a student who is initially a bit defensive about the deadline (had a personal scheduling conflict) but genuinely receptive to feedback on writing style once it's framed constructively.

Observer's task: Note whether the instructor lets the student self-assess first (especially on the deadline issue) before delivering judgment, and whether feedback stays behavior-specific rather than character-based (e.g., "unreliable".)



Scenario 3: Problem-Based Learning (PBL) / Case-Based Small Group

Setting: A PBL facilitator has been observing a small group (6 students) work through a complex case involving a patient with multiple comorbidities. One particular student has been vocal throughout the session. Feedback will be based on a **PBL Participation & Clinical Reasoning Rubric**, which includes domains such as: Clinical Reasoning/Hypothesis Generation, Use of Evidence, Collaborative Learning/Group Facilitation, and Communication.

What happened: The student generated strong clinical hypotheses and consistently backed them up with references to evidence (good use of literature.) However, the student tended to dominate discussion time, sometimes interrupting quieter group members and moving the group toward their own hypothesis before others could weigh in.

Instructor's task: Use the rubric's Collaborative Learning/Group Facilitation domain alongside Clinical Reasoning to give balanced feedback — the reasoning skill is a genuine strength, but group facilitation needs attention. The rubric is available in the appendix if needed for reference.

Learner's task: Play a student who is used to being the "strong" one in group settings and is genuinely unaware of the group-dynamics impact until it's pointed out.

Observer's task: Watch for whether the instructor addresses group dynamics without shaming the student's strengths, and whether the feedback model (Ask-Tell-Ask or Pendleton) is followed in a way that invites the student's own reflection on group impact before the instructor states their observation.



Appendix A: SPE

Preview Evaluation

Student Performance Evaluation - Inpatient Medicine

Student Performance Evaluation - Inpatient Medicine

Course Information

Date	Course	Location	Weeks	Credits
	XXX-YYY: Department Course			

Evaluation Period:

Faculty: Evaluator name

Student: XXXXXXXXXX Email:

Inpatient Medicine Clerkship - Evaluation of Student

Question numbers in **red*** are required.

1.* Residents, attendings, and faculty preceptors may not participate in the academic assessment of a student with whom they have a conflict of interest. Conflicts of interest include having provided health care or psychiatric/psychological counseling, or having a financial, personal, or other relationship outside of the educational setting. **Do you have any potential conflict of interest with this student?** *If yes, you will be recused from evaluating the student.*

☒ No

☐ Yes

The course directors highly value your input regarding this student's performance and will use this evaluation to help determine the final grade and prepare the grade narrative for this student. Your completion of this evaluation within two weeks of receipt is essential for grade completion and timely feedback to this learner.

2.* I confirm that I worked with the student at or above the threshold set by the clerkship.

☐ No

☐ Yes

3.* Is this a composite evaluation (reflecting input of multiple preceptors)?

☐ Yes

☐ No

4.* Name of evaluator(s) contributing to this evaluation:

[Rich text](#)

Please describe specific attributes that best characterize this student's performance. Whenever possible, relate specific instances that form the basis for your comments. Comments here may be used in the final grade narrative and Medical Student Performance Evaluation (MSPE) formerly known as the "Dean's Letter" at the discretion of the clerkship directors.

5.* Specific positive feedback:
[Rich text](#)
6.* Specific constructive feedback with suggestions for improvement:
[Rich text](#)

For the following competency-based assessments, please select the option that best represents your impression of the student's performance. Please use the text boxes at the end of each competency section to provide more specific narrative feedback as appropriate. If you have significant concerns about a student's performance on any of the items below, please contact the clerkship director.

Professionalism**7.*** Demonstrates respect and compassion for patients, caregivers, families and team members.

- ☐ Unable to evaluate
☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

8.* Demonstrates situational awareness and adapts actions and communication accordingly.

- ☐ Unable to evaluate
☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

9.* Completes duties and tasks in a thorough, reliable, and timely manner.

- ☐ Unable to evaluate
☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

10. Please provide specific narrative feedback to support your above ratings on this student's Professionalism behaviors.

[Rich text](#)
Patient Care and Procedural Skills**11.*** Gathers relevant patient histories from multiple data sources, as necessary.

- ☐ Unable to evaluate
☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

12.* Performs relevant physical examinations using appropriate techniques.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

13.* Creates well-reasoned and prioritized differential diagnoses.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

14.* Proposes hypothesis-driven diagnostic testing and interprets test results.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

15.* Formulates patient-centered therapeutic management plans for commonly encountered clinical conditions.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

16.* Uses patient-centered language to describe common diagnostic and therapeutic interventions and plans.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

17. Please provide specific narrative feedback to support your above ratings on this student's Patient Care behaviors.

[Rich text](#)

Medical Knowledge**18.*** Demonstrates the foundational biomedical knowledge necessary for clinical reasoning.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

19.* Applies foundational knowledge for clinical problem-solving and decision making to clinical scenarios.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

20. Please provide specific narrative feedback to support your above ratings on this student's Medical Knowledge.

[Rich text](#)

Practice Based Learning and Improvement

21.* Actively seeks and incorporates feedback to improve performance.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

22.* Demonstrates inquiry and ability to grow and seek new knowledge.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

23.* Locates, critically appraises, and synthesizes information to support evidence-informed decisions.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

24. Please provide specific narrative feedback to support your above ratings on this student's Practice Based Learning and Improvement behaviors.

[Rich text](#)

Interpersonal and Communication Skills

25.* Communicates clearly and compassionately with patients and their families.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

26.* Communicates with health care team members in an organized and accurate manner in verbal formats, including oral presentations.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

27.* Communicates with health care team members in an organized and accurate manner in written formats, including clinical notes.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

28.* Collaborates effectively as a member of an interprofessional team.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

29.* Demonstrates skills to educate patients, caregivers, and/or team members.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.

30. Please provide specific narrative feedback to support your above ratings on this student's Interpersonal and Communication skills.

[Rich text](#)

Systems Based Practice

31.* Collaborates in transitions and coordination of patient care.

- ☐ Unable to evaluate
- ☐ Consistently Does - The student is proficient in this skill and requires minimal guidance.
- ☐ Often Does - The student is developing proficiency in this skill with occasional need of guidance.
- ☐ Rarely Does - The student is starting to demonstrate this skill but does so infrequently and requires significant guidance.



Appendix B: Practicum Competency Evaluation Rubric

Practicum Competency Evaluation

Purpose: Used by preceptors/site supervisors to evaluate MPH (or similar) practicum/field placement students. Ratings should be based on direct observation and review of work products over the course of the placement.

Rating Scale:

- **4 – Exemplary:** Consistently exceeds expectations
- **3 – Proficient:** Meets expectations for level of training
- **2 – Developing:** Inconsistent; needs support to meet expectations
- **1 – Beginning:** Does not yet meet expectations

Domain 1: Data Analysis & Interpretation

Rating	Descriptor
4 – Exemplary	Selects appropriate analytic methods independently, executes them accurately, and draws nuanced, well-supported conclusions that account for limitations in the data.
3 – Proficient	Applies appropriate analytic methods correctly and draws reasonable conclusions from the data.
2 – Developing	Analysis contains errors or gaps in method selection, or conclusions drawn go beyond what the data supports.
1 – Beginning	Struggles to select or execute basic analytic methods; conclusions are not well-supported by the data.

Rating:

Feedback:

Domain 2: Written Communication

Rating	Descriptor
4 – Exemplary	Writing is clear, well-organized, and consistently tailored to the intended audience (e.g., translates technical findings into plain language for community/non-technical stakeholders).
3 – Proficient	Writing is clear and organized; may need minor adjustment for audience but core message is accessible.
2 – Developing	Writing is technically accurate but difficult for the intended audience to follow (e.g., overly academic language for a lay audience), or organization needs work.
1 – Beginning	Writing is unclear, disorganized, or not adapted to the audience in a way that limits usefulness.

Rating:

Feedback:



Domain 3: Professionalism / Reliability

Rating	Descriptor
4 – Exemplary	Consistently meets deadlines, communicates proactively about any delays or challenges, and follows through on commitments without prompting.
3 – Proficient	Generally reliable and meets deadlines; communicates appropriately when issues arise.
2 – Developing	Occasionally misses deadlines or commitments, or does not proactively flag delays/issues in advance.
1 – Beginning	Frequently unreliable; does not communicate about missed deadlines or commitments.

Rating:

Feedback:

Domain 4: Stakeholder Engagement

Rating	Descriptor
4 – Exemplary	Builds strong working relationships with community/organizational partners, listens to and incorporates their input, and represents the project's goals accurately and respectfully.
3 – Proficient	Engages appropriately with stakeholders and represents the project accurately.
2 – Developing	Engagement with stakeholders is inconsistent, or student misses cues about partner needs/concerns.
1 – Beginning	Struggles to engage stakeholders appropriately or does not adjust approach based on partner feedback.

Rating:

Feedback:

Total Score: _____

Appendix C: PBL Participation & Clinical Reasoning Rubric

PBL Participation & Clinical Reasoning Rubric (Example)

Purpose: Used by facilitators to evaluate student performance during Problem-Based Learning / case-based small group sessions. Ratings should be based on direct observation during the session.

Rating Scale:

- 4 – Exemplary:** Consistently exceeds expectations
- 3 – Proficient:** Meets expectations for level of training
- 2 – Developing:** Inconsistent; needs support to meet expectations
- 1 – Beginning:** Does not yet meet expectations

Domain 1: Clinical Reasoning / Hypothesis Generation

Rating	Descriptor
4 – Exemplary	Generates multiple plausible hypotheses early, revises them fluidly as new case data emerges, and clearly articulates the reasoning connecting data to hypotheses.
3 – Proficient	Generates reasonable hypotheses and updates them appropriately as new information is introduced.
2 – Developing	Generates hypotheses but has difficulty revising them when new data contradicts an earlier assumption, or reasoning is not clearly articulated.
1 – Beginning	Struggles to generate plausible hypotheses or fixates on a single explanation despite contradicting evidence.

Rating:

Feedback:

Domain 2: Use of Evidence

Rating	Descriptor
4 – Exemplary	Consistently supports reasoning with relevant, credible evidence (literature, guidelines, prior case data) and accurately evaluates the strength/limitations of that evidence.
3 – Proficient	Uses relevant evidence to support most claims; occasionally could be more specific or critical about sourcing.
2 – Developing	Uses evidence inconsistently, relies on assumptions instead of stated evidence, or misapplies evidence to the case.
1 – Beginning	Rarely references evidence; reasoning is largely unsupported or based on outside opinion.

Rating:

Feedback:

Domain 3: Collaborative Learning / Group Facilitation

Rating	Descriptor
4 – Exemplary	Actively invites input from all group members, builds on others' ideas, and helps the group reach shared understanding without dominating discussion.
3 – Proficient	Participates constructively and generally makes space for others, with minor lapses in turn-taking or inclusiveness.
2 – Developing	Occasionally dominates discussion, interrupts others, or does not build on group members' contributions.
1 – Beginning	Consistently dominates or disengages from the group; discussion dynamics are notably one-sided.

Rating:

Feedback:

Domain 4: Communication

Rating	Descriptor
4 – Exemplary	Communicates ideas clearly and concisely, adjusts language for the audience, and checks for shared understanding within the group.
3 – Proficient	Communicates clearly in most instances; ideas are generally easy to follow.
2 – Developing	Communication is sometimes unclear, disorganized, or overly reliant on jargon without checking understanding.
1 – Beginning	Communication is frequently unclear or difficult for the group to follow.

Rating:

Feedback:

Total Score: _____