**Questionnaire prior to participation in module**

We are interested in your evaluation of confidence in effectively receiving and responding to feedback. Please select the option that best describes how confident you are your ability in each of the following areas.

**1**= not at all confident, **3** = neutral, **5** = very confident

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** |
|  | Responding verbally in an effective manner to feedback from a clinical educator |  |  |  |  |  |
|  | *Responding non-verbally in an effective manner to feedback from a clinical educator* |  |  |  |  |  |
|  | Being an active participant in the conversation when feedback is being provided |  |  |  |  |  |
|  | Being able to improve my performance in response to feedback from a clinical educator |  |  |  |  |  |