

**Inpatient Mid Rotation Feedback**  
**Internal Medicine, General Surgery, Pediatrics,**  
**Obstetrics & Gynecology, Family Medicine & Psychiatry**

STUDENT: \_\_\_\_\_ SITE: \_\_\_\_\_

EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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INSTRUCTIONS: At mid rotation, you should evaluate this student's clinical performance so far and provide him/her with feedback so that adequate time remains to correct any problems and to give him/her maximum opportunity to improve before the end of the rotation. Identify the student's strengths and weaknesses regarding the following areas of competence and comment upon each in the space below. This evaluation will NOT be used in determining the student's Final Grade in the Clerkship. This evaluation may be signed by the resident.

Clinical Knowledge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communication Skills – Presentations on Rounds, Presentations of Assigned Patients, Interactions with Patients/Families:

\_\_\_\_\_

\_\_\_\_\_

Patient Care – H&Ps, Note Writing, Lab Interpretation, Overall Patient Care Activities, Procedures:

\_\_\_\_\_

\_\_\_\_\_

Self Learning (Practice Based Improvement):

\_\_\_\_\_

\_\_\_\_\_

Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS):

\_\_\_\_\_

Professionalism (conscientious, interactions with others, dress, grooming, punctuality, honesty, motivation, recognizes limitations):

\_\_\_\_\_

We have met and discussed the above on the date indicated below.

**SIGNATURES:** \_\_\_\_\_

<b>Evaluator(s) Signature</b>	<b>Student's Signature</b>	<b>Date</b>
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