



Mid Rotation Feedback

STUDENT: _____ SITE: _____

EVALUATOR: _____ DATE: _____

INSTRUCTIONS:

- At mid rotation, you should evaluate this student's clinical performance so far and provide feedback so that adequate time remains to correct any problems and there is opportunity to improve before the end of the rotation.
- **MANDATORY:** Provide specific and actionable comments in the space below each competency.
- This evaluation will **NOT** be used in determining the student's Final Grade in the Clerkship.
- This evaluation may be signed by the resident.

Patient Care – Gather H&P Data, Interpret Lab/Radiologic Data, Develop DDx and Tx Plans (circle one):

BELOW expected level AT expected level ABOVE expected level

Interpersonal and Communication Skills, Inter-professional collaboration – Notes and Oral Presentations (Accurate, Pertinent, Concise, Well-Organized), Interactions with Patients/Families/Peers/Other Health Professionals (circle one):

BELOW expected level AT expected level ABOVE expected level

Practice Based Learning/Improvement (Identify Own Strengths/Deficiencies, Incorporate Feedback, apply biomedical, clinical and translational research to patient care) (circle one):

BELOW expected level AT expected level ABOVE expected level

System Based Practice (Incorporate Psychosocial/Community Factors in Care of Patients) (circle one):

BELOW expected level AT expected level ABOVE expected level

Please note any concerns in the following areas: conscientiousness, dress, grooming, punctuality, honesty, motivation, humility, compassion, respect for others, healthy coping strategies to maintain wellbeing: ☐ Meets Expectations ☐ Concerns (explain below)

SMART goal discussed and student is capable of achieving by end of rotation (circle one) YES NO

(If answered No: Provide action plan) _____

Student case logs reviewed and adequate diversity of clinical conditions being seen (circle one) YES NO

(If answered No: Provide action plan) _____

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

SIGNATURES: _____

Evaluator(s) Signature

Student's Signature

Date