



## Psychiatry 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

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**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

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**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

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

BELOW expected level      AT expected level      ABOVE expected level

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**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)

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*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:** \_\_\_\_\_  
Evaluators Signature
Student’s Signature
Date