

## Mid-Rotation Feedback

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Clerkship: \_\_\_\_\_

Site: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Student to complete <i>prior to meeting</i></b>	
Strengths: 1)  2)  3)	Opportunities for improvement: 1)  2)  3)

Preceptor to complete <i>during meeting</i>	Not observed	Shadowed/Unable to perform	Needed lots of guidance	Needed little guidance	Moving towards independence	Performed with independence /proficiency
- prepare for the days' work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- complete assigned work in a timely fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- handle confidential information discreetly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- obtain accurate, complete and relevant patient histories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- complete an appropriately complete or focused physical exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- develop a sound differential diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- formulate an appropriate diagnostic or therapeutic plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- apply knowledge to his/her patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- effectively record/document patient encounters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- deliver oral presentations that are clear, organized and accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- develop effective rapport with patients and families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- respond effectively to feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- show curiosity and desire to improve own performance/skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- work effectively with healthcare team members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: 1)  2)  3)	Opportunities for improvement: 1)  2)  3)
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Signatures/Date:

o **Faculty (REQUIRED)** \_\_\_\_\_

o **Student (REQUIRED)** \_\_\_\_\_

o **Resident** \_\_\_\_\_

Additional Comments by Preceptor:

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