Outpatient Mid Rotation Feedback
Internal Medicine, General Surgery, Pediatrics,
Obstetrics & Gynecology and Psychiatry

STUDENT: ___________________________ SITE: ___________________________
EVALUATOR: ______________________ DATE: ______________________

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:
Evaluator(s) Signature _______________ Student’s Signature _______________ Date _______________