



Mid-Rotation Review

This form should be completed halfway through any core rotation. The student is responsible for printing the form, finding a time that works for the preceptor, and asking the questions as they appear below. The student should then complete the form based on the preceptor's input.

This form is optional, and while NOT part of the student's final grade, serves as a useful feedback tool for the student. Upon completion, the preceptor and student should sign the form and the student will keep the form for future reference.

Student: _____ Preceptor: _____

Rotation Name and Site: _____

What am I doing well?	
What can I improve?	

Activities	N/A	Significant Deficits	Needs Improvement	Meets Expectations	Exceeds Expectations
Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests, and treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately consents patients for tests/procedures, to include discussion of risks, benefits, and alternatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays competency when performing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Arrives to duties on-time, dressed appropriately and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents clinical encounters and completes orders/Rx in an accurate and timely manner utilizing appropriate preceptor oversight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the transition of care utilizing a collaborative team-based approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively and respectfully with preceptors, patients, and the greater medical team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>