



## MID-ROTATION REVIEW

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Rotation Name/Location: \_\_\_\_\_

PRECEPTOR FEEDBACK ON PERFORMANCE	ASSESSMENT (please comment if below expectations)		
	Exceed Expectations	Meets Expectations	Below Expectations
<b>Patient Care</b>			
Takes an effective history			
Performs appropriate physical exam			
Generates differential diagnosis			
Generates and manages treatment plans			
<b>Medical Knowledge</b>			
Exhibits knowledge of diseases and pathophysiology			
<b>Practice-Based Learning and Improvement</b>			
Demonstrates skills in evidence-based medicine			
<b>System-based Practice</b>			
Teamwork			
<b>Interpersonal &amp; Communication Skills</b>			
Communicates with patients & families			
Written Communication			
Oral presentation skills			
<b>Professionalism</b>			
Respectful & Compassionate			
Receives constructive criticism well			
Accountable			
<b>Osteopathic Medicine</b>			
Applies osteopathic principles to the care of the patient			

**What is the student doing well?**

**What skills does the student need to improve?**

**What can the student do to advance their performance?**

Student Signature: \_\_\_\_\_

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

Preceptor Signature: \_\_\_\_\_

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