

Student Name: _____

Date: _____

Physician Preceptor: _____

Rotation #: _____

Student and Preceptor: Determine an action plan for student improvement

Popatvics

**~~Physician~~ Clerkship
Mid-Rotation Review Form**

Students: Before meeting with your preceptor, complete the self-evaluation portion of the feedback form.
Preceptors: Rate the student's performance, discuss the student's strengths, areas for improvement, and record comments.

1 = Good 2 = Fair 3 = Poor

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|--|-----------|--|-----------|--|-----------|--|-----------|
| History & Physical Identifies and pursues problems, exam is technically correct, thorough, efficient. Record is organized and appropriate length | | Academic Resources Use of academic resources, texts, journals, to study patient; preceptor had made clinical judgment. | | Patient-Physician Relationship Empathy, compassion, caring, supportive, reassuring. Effective communication and education. | | Verbal Reports Communicates clearly, succinct. Information is complete, organized, and includes rationale | |
| Student Attitude and Professionalism Self-motivated, responsible, positive, acts in professional manner. | Preceptor | Student Synthesis of Clinical Information and Differential Diagnosis Obtains and uses information from clinical sources and applies to patient problems. Reasonable pathophysiology and confirmation plans. | Preceptor | Student Treatment Plan & Follow-Up Develops appropriate treatment plan. Recognizes need for urgent treatment. Continuous monitoring of patient. Follow through. | Preceptor | Student Preceptor Review & Student Action Plan Please provide written assessment of this student. Outline strengths, areas for improvement, and improvement plan. | Preceptor |
| Student | Preceptor | Student | Preceptor | Student | Preceptor | Student | Preceptor |