

Appendix J: Mid-Rotation Feedback Form



XAVIER UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

Mid-Rotation Feedback Form

Part I: STUDENT SELF-ASSESSMENT

Student's Name: _____

Preceptor's Name _____

Rotation: _____ Rotation Dates: _____

Site: _____

Students: Please answer these questions *before* meeting with your preceptor:

Which of the six competencies do you think are your strongest in this rotation (*Please list **top 3.***) What do you think is contributing to your success? (Competencies: Medical Knowledge, Patient Care, Communication Skills, System Based Practice, Professionalism, and Lifelong Learning Skills)

Top 3 Competencies Being Performed Well	Reason for Success
1.	1.
2.	2.
3.	3.

Which of the competencies do you still need to work on? (*Please list at least one.*) What will you do to improve your performance in this rotation?

Clerkship Objective(s) Needing Work	Plan for Improvement

Additional Comments (optional):

Mid-Rotation Feedback Form

Part II: PRECEPTOR FEEDBACK

Student's Name: _____

Preceptor's Name _____

Rotation: _____ Rotation Dates: _____

Site: _____

PLEASE RATE THE STUDENT IN THE FOLLOWING CATEGORIES USING A 1 - 10 SCALE **WITH 1 BEING EXCEPTIONALLY POOR PERFORMANCE AND 10 BEING OUTSTANDING PERFORMANCE:**

Medical Knowledge	1	2	3	4	5	6	7	8	9	10
Patient Care	1	2	3	4	5	6	7	8	9	10
Communication Skills	1	2	3	4	5	6	7	8	9	10
System Based Practice	1	2	3	4	5	6	7	8	9	10
Professionalism	1	2	3	4	5	6	7	8	9	10
Lifelong Learning Skills	1	2	3	4	5	6	7	8	9	10

Strengths: _

Areas for Improvement:

Comments:

Student' Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

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