

Student's Name _____ Date: _____

PCC Mid-Rotation Student Feedback Form (this form is not used when calculating grades)

Each student must submit 2 forms, each from a different clinic and/or discipline. *Students: Complete the Self-Assessment before reviewing with preceptors you have spent significant time with during your rotation.*

<u>FEEDBACK ON STUDENT PERFORMANCE</u>	Student Self Assessment		Supervisor Assessment		
	Competent: At or above expected performance	Needs Improvement	Competent: At or above expected performance	Needs Improvement	Unacceptable: Requires Attention
Patient Care					
Takes an effective history					
Performs appropriate physical exam					
Generates differential diagnosis					
Generates and manages treatment plan					
Medical Knowledge					
Exhibits knowledge of diseases and pathophysiology					
Practice-Based Learning and Improvement					
Demonstrates skills in evidence-based medicine					
Systems-Based Practice (demonstrates awareness of larger context and system of health care and effectively calls on system resources to provide optimal care)					
Teamwork					
Multi-system Perspective					
Community & System Resources (CSR)					
Interpersonal & Communication Skills					
Communication with patients and families					
Written communication					
Oral presentation skills					
Professionalism					
Respect/Compassion					
Response to feedback					
Accountability					

Student: What am I doing well?

Student: What skills do I need to improve? What can I do to advance my performance?

Supervisor: What is student doing well?

Supervisor: What skills does student need to improve? What can student do to advance their performance?

Supervisor: Do you have any concerns regarding student performance? Yes No
 If yes, please email Christie.legler@fammed.wisc.edu as soon as possible to discuss.

Preceptor's Name: _____ Date _____