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.

<table>
<thead>
<tr>
<th>FEEDBACK ON STUDENT PERFORMANCE</th>
<th>Student Self Assessment</th>
<th>Supervisor Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competent: At or above expected performance</td>
<td>Needs Improvement</td>
</tr>
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<td>Needs Improvement</td>
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<tr>
<td></td>
<td>Unacceptable: Requires Attention</td>
<td></td>
</tr>
</tbody>
</table>

**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?

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**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 __________________________