

Internal Medicine Residency Program
Mid-Rotation Feedback

Please complete and have resident return to housestaff office.

Patient Care:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

Medical Knowledge:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

Practice-Based Learning and Improvement:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

Professionalism:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

Interpersonal and Communication Skills:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

System-Based Practice:

Below expectations Meets expectations Above expectations

Suggestions for Improvement: _____

Attending's Name: _____ Date: _____
 PLEASE PRINT

Resident's Name: _____ Date: _____
 PLEASE PRINT

Return to Housestaff Office, Courtney Buckner, Room: BI-5070
Fax number: (706) 721-6918