

Pre-Rotation Counseling Documentation
Internal Medicine Residency Program
Department of Medicine Medical College of Georgia

Date: _____ Rotation: _____ PGY: _____

Resident Name: _____ *Signature:* _____

Attending Name: _____ *Signature:* _____

This form must be completed by the resident, signed by attending and resident and turned in to the housestaff office by the close of business of the **second day of month.**

Educational Purpose of this Rotation: To provide clinical and educational opportunities to develop and promote the competencies of patient care, medical knowledge, practice-based learning, communication, professionalism, and systems-based practice to the level of *Proficient* in the trainee within the context of the practice location and types of patients managed. Detailed learning objectives are available on the rotation curriculum located on the program website, One45, housestaff office, and team rooms. Additionally, curriculum and goals and objectives are sent to residents each month via email.

Readings: I am aware of the readings expected during this rotation as listed on the full curriculum for this rotation on the website. _____ (initial)

I am aware of the definitions of the level of supervision, lines of communication, expectations of residents and faculty as teachers, and methods of evaluation, including One45 global assessment evaluation criteria for this rotation as listed on the full curriculum for this rotation. I have been oriented and have reviewed the appropriate curriculum goals and objectives. _____ (initial)

I am aware that I must meet with my attending physician by the 15th of the month for mid-rotation feedback and to document that meeting.

Comments, goals, expectations, desires by either resident or attending:
