

PSY 5000 - Psychiatry Clerkship

Mid-Rotation Feedback Form

Student Name: _____

Documentation of mid-rotation feedback is required by the Liaison Committee on Medical Education. The purpose of feedback is to convey what is being done well and what needs improvement. Specific suggestions will give the student an opportunity to improve before the end of the rotation.

The *student* is responsible for getting feedback from his/her supervising attending at the midpoint of the rotation. The attending should be someone who has worked with the student regularly — in most cases the inpatient attending or off-campus preceptor. All students and attendings (MCG and Off-Campus) must complete this form **by the end of the 3rd week of rotation.**

Review of Performance (to be completed by the attending):

| Category | Not Observed | Unacceptable | Below Expectations | Meeting Expectations | Exceeding Expectations |
|-------------------------|--------------|--------------|--------------------|----------------------|------------------------|
| History & Physical Exam | | | | | |
| Knowledge | | | | | |
| Interest in Learning | | | | | |
| Professionalism | | | | | |
| Oral Communication | | | | | |
| Written Notes | | | | | |

Suggestions for Improvement (to be completed by attending):

- *What specifically can the student do to improve performance in the above areas?*

Student Goals (to be completed by the student):

- *What do you hope to accomplish by the end of the rotation?*

Attending (Please Print) _____

Attending Signature _____

Date _____

Student Signature _____

Date _____

Clerkship Director Signature _____

Date _____