

KU School of Medicine – Mid-Rotation Feedback

Student: _____ Evaluator: _____ Campus: **KC W** Date of rotation: _____

Geriatrics Family Med. Internal Med. Neuropsychiatry Obstetrics/Gynecology Pediatrics Surgery Other: _____

Competency	Insufficient exposure to evaluate / NA	Borderline / Does not meet expectations	Meets expectations	Exceeds expectations	Comments / Learning or Growth Plan
Patient Care: History taking skills, physical exam skills, clinical reasoning, etc.					
Medical Knowledge: Applied basic science knowledge, general medical knowledge, knowledge of disease processes, etc.					
Practice-based Learning: Interest in and ability for self-evaluation, insight, initiative, use of information resources.					
Interpersonal & Communication Skills: Rapport with patients, relationships with staff, listening skills, written communication skills, oral presentations, etc.					
Professionalism: Reliability, dependability, honesty, integrity, respect for patients and others, ethics.					
Systems-based Practice: Understanding of the role and contribution of health care team members, understanding of the systems of health care.					

Strengths:	Areas for Improvement
-------------------	------------------------------

By signing below you are indicating that the above information was discussed with the student.

Signatures: Student _____ Evaluator _____

Please return completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696