MID- ROTATION EVALUATION

To be completed by the student and preceptor at the mid-point of each rotation

Student Name								
Preceptor Name								
Site Name								
Rotation Type	FM	IM	EM	SURG	PEDS	MH	WH	Elective
Rotation Block No.		Dates						

Clinical Skills	**Progressing Appropriately**	**Emphasize study & practice***	**Area of concern***	**Not Applicable**
Medical Fund of Knowledge				
History Taking Skills				
Physical Exam Skills				
Oral Presentation – Concise and Pertinent				
Written Documentation- Concise and Pertinent				
Interpreting Labs-Tests				
Formulating Differential Diagnoses				
Patient Management and Treatment Plans				
Procedure Skills				
Professionalism				
Dependable & Punctual				
Time Management & Organization				
Rapport with Providers, Staff, and Patients				
Communication Skills				
Demonstrates Self-Directed Learning				

**Please, comment on any areas of concern or areas needing focused study:*

Preceptor Signature		Date	
Student Signature		Date	

Students upload completed form to eValue personal records by the designated due date per your schedule.
Revised April 2020