

**Georgetown University School of Medicine –
Mid Clerkship Self-Assessment
and Feedback Form
AY 2018- 2019**

Student Name: _____ **Student Phone:** _____ **Preceptor Name:** _____

Clerkship Name _____ **Block:** _____

This assessment is designed to improve student performance and does not contribute to the student's final grade.

Part 1: Student completes a self assessment:

Take a moment to reflect on your progress in this clerkship rotation. Answer the questions below **before forwarding** to the appropriate faculty member for the official mid-clerkship assessment.

What are your strengths in this rotation? Cite specific examples of evidence.
What have you found particularly challenging?
What strategies will you be using to improve your performance in this rotation?
Do you have any concerns about your learning environment?
Additional thoughts or comments:

Part 2: Peer and Resident Feedback for Student

Peer Assessment

What is the student doing well?

How can he/she improve?

Signature (Peer) _____

Resident Assessment

What is the student doing well?

How can he/she improve?

Signature (Resident) _____

Part 3: Faculty Feedback for Student

Indicate student's progress toward meeting expectations *at this point in the rotation*. Comments and specific feedback are encouraged and if appropriate, use the check boxes for additional narrative feedback. **Note: If you have concerns about the student's performance being marginal or not on track please notify the clerkship director immediately.**

Knowledge

Below Expectations ☐

Meets Expectations ☐

Comments:

Check, if appropriate:

- ☐ Demonstrates understanding of pathophysiology and basic differential diagnoses of active problems.
- ☐ Shows evidence of preparation for assigned patient interactions/presentations

If area for improvement, please check:

- ☐ Needs to read more to prepare for patient presentation on rounds.
- ☐ Needs to improve fund of knowledge by the following steps:

Skills

Below Expectations ☐

Meets Expectations ☐

Comments:

Check, if appropriate:

- ☐ Obtains basic and accurate histories and physicals and confirms existing history.
- ☐ Oral presentations are organized and include basic information.

If area for improvement, please check:

- ☐ Fails to obtain basic and accurate histories and physicals and/or confirm existing history.
- ☐ Needs to focus on organization of oral/written presentations
- ☐ Needs to work on confidence and self-projection in group settings.
- ☐ Needs to improve history taking or physical exam skills by the following steps:

Attitude & Professionalism

Below Expectations ☐

Meets Expectations ☐

Comments:

Check, if appropriate:

- ☐ Shows initiative in caring for patient
- ☐ Respects patient confidentiality/privacy (e.g. knocks on doors before entering; avoids discussion of patients in public places).
- ☐ Takes ownership of patient's welfare and follows up appropriately
- ☐ Utilizes and implements feedback to improve performance.
- ☐ Is active participant on the team

If area for improvement, please check:

- ☐ Is unavailable on call unless actively sought.
- ☐ Has been late or unprepared.
- ☐ Fails to meet obligations on rotation.
- ☐ Needs to address professionalism and ethical behavior by the following steps:

LEARNING PLAN/ ACTION ITEMS (CLERKSHIP DIRECTOR)

1. _____
2. _____
3. _____
4. _____

Student Signature: _____

Date: _____

Clerkship Director's Signature/Initials: _____

Date: _____

