

Mid-Rotation Feedback Form

Name:	Date:
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First make your own copy of this (File -> Make a Copy). Then answer the following questions within the table. Save it as a Word Document (File -> Email as Attachment... -> Attach as Word Document (.docx) -> and send to Karmen and Dr. Alcorn (RUMC) or Dr. Hunsucker (ROPH). Provide your answers in 1-2 short sentences.

Do you feel like you can meet the rotation objectives? Why or why not? Course Objectives
What do you feel you are doing well?
What do you feel you can improve?
Have you seen one of each of the required patient types? Chest pain, Shortness of breath, Abdominal pain, Altered Mental Status / Intoxication / Psych, Headache
Review your end-of-shift evaluations to date. Any questions or concerns?
What do you want to work on for the rest of the rotation?
Additional Comments:
Student Signature: