Hematopathology Residency Training Program

Mid-Rotation Evaluation Form

Rotation: ____________________________ Date: __________________________

Institution: ____________________________
Rotation Supervisor: ____________________________
Faculty Providing Feedback (if different from Rotation Supervisor):

Resident: ____________________________
Date of feedback: ____________________________

Together, the resident and supervisor should identify which of the following competencies are most pertinent to this rotation and discuss the questions below with respect to these competencies:

Medical Knowledge: expertise, clinical skills, professional attitude
Interpersonal and Communication Skills: facilitation of the doctor-patient/doctor-other members’ relationship before, during, after the patient encounter/test and working within a team to optimize care
System Based Practice: organizing sustainable practices and allocating resources appropriately
Patient Care: advancing the well-being of individuals, communities, and populations
Practice Based Learning and Improvement: effective learning, dissemination, creation, application, and translation of medical knowledge
Professionalism: demonstrating commitment to patients, profession, and society

1. Describe the resident’s performance at mid-unit.
   ☐ Satisfactory ☐ Not satisfactory
   If not satisfactory, areas of deficiency (with specific examples) must be outlined below:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. What has the resident done well so far? What are the resident’s strengths?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. Please identify areas that require improvement. What next steps (tasks) does the supervisor suggest the trainee undertake during the rest of this rotation and long-term? *If the resident’s performance is not satisfactory, a specific plan to address areas of weakness must be outlined (including time frame for remediation and method of evaluation of remediation).*

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2. What next steps (tasks) does the trainee wish to undertake during the rest of this rotation and long-term to become a better specialist in this area to become a better overall hematopathologist?

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Signature of Faculty Performing Mid-Unit Evaluation          Signature of Resident

**Make 1 copy for the resident, keep 1 copy for Rotation Supervisor’s file and send original to the Program Director’s office.**