

Subinternship Formative Feedback Form

Student Name _____

Evaluator Name _____

Approximate contact time

- 1 weeks
- 2 weeks
- 3 weeks
- 4 weeks

Average patient load per week

- 1-2
- 3-4
- >4

Average admissions per call day

- 1
- 2
- 3
- ≥4

1. Professional behavior

1	2	3	4	5	6	7	8	9
Repeatedly disrespectful, disengaged, not consistently reliable, self-serving			Generally respectful (acknowledged and corrected any lapses) usually motivated and displayed interest, usually places patient interest above own, may require some prompting but follows through			Always respectful, actively strove for excellence in all aspects of performance, eager to take on more responsibility and highly dependable, routinely places patient interests above own		

My assessment for questions 2-5 is based on the following: (check all that apply)

- direct observation of subintern performing complete H&P
- direct observation of subintern performing focused H&P
- reading admission notes
- reading progress notes
- presentations on rounds
- discussions outside of rounds

2. Data gathering (history, physical exam, ancillary data collection)

1	2	3	4	5	6	7	8	9
Misses key things or unreliable accuracy Often disorganized and/or content not relevant			Misses some details, minor accuracy problems Usually organized and relevant			Complete and accurate (includes data from outside records or family/caregivers when needed, special physical exam maneuvers as needed) organized with prioritization of relevant data		

3. Data presentation

1	2	3	4	5	6	7	8	9
Unreliable accuracy, often disorganized and/or content not relevant, significant trouble identifying major problems, lacks fluency			Generally organized and relevant, able to define major problems			Consistently complete, accurate, and organized, able to prioritize of relevant data, identify major and minor problems and present it concisely and fluently		

4. Fund of medical knowledge

1	2	3	4	5	6	7	8	9
Below expected 4 th year level			At 4 th year level			Above 4 th year level (on par with interns)		

5. Clinical reasoning

1	2	3	4	5	6	7	8	9
Misses obvious connections, draws illogical conclusions, differentials inadequate or far-fetched, has trouble summarizing data into a working diagnosis			Thought processes logical, identifies key differential diagnoses, able to summarize key data into a working diagnosis for most problems			Generates complete and relevant differentials, integrates pathophysiology into logical thinking and able to summarize data into working diagnoses for complex patients with multiple problems.		

6. Interpersonal skills: patients

1	2	3	4	5	6	7	8	9
Has trouble establishing patient rapport			Establishes good rapport with most patients			Outstanding patient rapport		

7. Interpersonal skills: team

1	2	3	4	5	6	7	8	9
Hinders positive team dynamic			Integrates well into team Communicates all medically necessary information to nursing or other members of the health care team.			Valuable team member who enhances team dynamics		

8. Self-directed learning

1	2	3	4	5	6	7	8	9
Poor self-insight, did not seek or was resistant to applying feedback, over-reliance on others for patient care			Accepts feedback and tries to apply it, reads to improve patient care			Accurate self-insight, actively sought and applied feedback, reads avidly to improve patient care and own deficiencies, teaches others		

9. Effectiveness in team

1	2	3	4	5	6	7	8	9
Doesn't complete work on time, leaves work unfinished, inefficient use of time, passive, relies on others to problem solve, dismissive or unaware of interprofessional team members			Usually helpful, completes work on time, usually tries to problem solve before asking for help, tries to collaborate with interprofessional team members			Very efficient, actively looks for ways to help, excellent initiative in problem solving, anticipates patient' and teams' needs, very effective interprofessional collaboration		

10. Patient management

1	2	3	4	5	6	7	8	9
Relies on others for management decisions or proposes management plans that don't make medical sense, does not recognize resources needed for safe discharge			Tries to develop patient management plans independently, usually able to identify resources needed for a safe discharge			Initiates management plans that try to incorporate patient preferences, routinely identifies and helps coordinate resources patients need for safe discharge, starting to take into account cost and resource utilization issues		

11. This student is ready for internship

- Definitely
- Not sure
- Definitely not , main deficit(s)_____

12. I would welcome the opportunity to work with this student again

- Definitely
- Not sure
- Definitely *not*, why?_____

13. I would gladly allow this student to be involved in the care of my own family

- Definitely
- Not sure
- Definitely *not*, why?_____

14. Please give one specific suggestion of a “next step” the student can take to improve their clinical skills (or attitude if applicable)_____

15. Were there any deficits in this student’s knowledge, skills, or attitude that are of a concern for this level of training?

- No
- Yes, please describe_____

16. In what ways did this student particularly excel?_____

17. Additional comments_____