

MID-CLERKSHIP FORMATIVE FEEDBACK

Student		Evaluator	
Clerkship		Site	
		Date	

Strengths: Overall, what did you observe to be the greatest strengths of this student?

Areas of Improvement: Please be specific about what you observed and how you think these areas could be improved in the future:

Provide feedback for areas that you personally observed:

Medical Knowledge <ul style="list-style-type: none"> Exhibits appropriate knowledge and understanding of basic pathophysiological processes Demonstrates critical thinking and clinical decision making 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Patient Care <ul style="list-style-type: none"> Conducts accurate history & physical exam Appropriately manages patient care Works effectively with health care professionals 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Interpersonal & Communication Skills <ul style="list-style-type: none"> Establishes effective therapeutic & ethical relations with patients, family and colleagues Clearly documents & presents patient data & clinical information Demonstrates effective listening skills 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Professionalism <ul style="list-style-type: none"> Demonstrates punctuality, accountability, honesty Shows respect for others & seeks responsibility Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Practice-based Learning Improvement <ul style="list-style-type: none"> Uses evidence-based approaches Exhibits skills of self-directed learning Self-assesses and incorporates feedback to improve performance 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:
Systems-based Practice <ul style="list-style-type: none"> Advocates for quality patient care and access Works appropriately within delivery systems, health costs Knows role of MD in community health & prevention and applies to patient care Applies knowledge of disease prevalence/incidence to clinical care 	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe Written comments:

REVIEW	H&P/SOAP Notes	Patient Log	Direct Observation/CEX	Record Keeping
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Student to complete - Please use this space to describe the learning goal(s) that you have developed and discussed with your preceptor based on this feedback:

By signing below I acknowledge that we have met to discuss this Mid-Clerkship feedback:

Signature – Evaluator

Date

Signature – Student

Date