

LOYOLA UNIVERSITY CHICAGO - STRITCH SCHOOL OF MEDICINE
MEDICINE CLERKSHIP
WRITE-UP EVALUATION/FEEDBACK

STUDENT _____

EVALUATOR: _____

WRITE-UP: #1 _____

DATES: _____

Instructions to evaluator: After hearing the student's presentation and reading the write-up, please comment on the student's strengths and areas for improvement. Focus on the following:

HPI – story of the illness

HPI – patient's perspective

Physical Exam – complete and focused on patient problem

Problem List

Assessment – differential diagnosis and status report including rationale

Plan – including diagnostic, therapeutic and patient education

Orders

STRENGTHS:

AREAS FOR IMPROVEMENT:

Student's Signature

Evaluator's signature
Attending's Signature

To be completed by student: Major issue(s) encountered with this patient is/are:

Please return completed form to Debi Kurcab, SSOM Room 320, or to your site director