

MID-ROTATION EVALUATION

The purpose of this evaluation is to identify the student's strengths and weaknesses so that adequate time remains to correct problems and to give the student the maximum opportunity to improve his/her performance. This evaluation will not count towards the student's final grade. The preceptor/supervisor should review the evaluation with the student and give this form or a copy to the student to bring to her mid-rotation review session with the Loyola Clerkship Director. This is also an opportunity for the student to bring up suggestions to improve the experience or issues of concern.

Student's Name: _____

Evaluator's Name: _____

Clerkship Site: _____

I. **Clinical Skills:** Please comment on one or more of the following: the student's ability to obtain an accurate history, perform a physical exam, construct a differential diagnosis and treatment plan, use and interpret ancillary tests (lab, x-ray, etc), and integrate the principles of Family Medicine into his/her practice.

II. **Communication Skills:** Comment on one or more of the following: the student's ability to write coherent SOAP notes, present the patient's history, physical findings and assessment and treatment plan clearly, communicate effectively with patients and families, and communicate effectively with health care team members.

[OVER]

III. **Basic Knowledge:** Comment on one or more of the following: the student's acquired knowledge related to specific topics related to his/her patients, his/her use of the required textbook by Taylor et al. and supplemental readings, and overall understanding of the principles of Family Medicine and the common ambulatory problems discussed in the textbook and syllabus.

IV. **Personal Characteristics:** Please comment on one or more of the following: the student's dress/grooming, behavior, motivation, judgment, reliability, response to criticism, interpersonal relationships and sensitivity to patients' needs.

V. **Areas for Improvement/Adjustment:** Please list any areas in which the student needs to improve or adjust performance in the final half of the clerkship.

Signature of Evaluator: _____

Signature of Student: _____ Date: __ __/ __ __/ __ __
(After review with evaluator)