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