STUDENT: ___________________________________ SITE: ___________________________________

EVALUATOR: ___________________________________ DATE: ___________________________________

INSTRUCTIONS: At mid rotation, you should evaluate this student’s clinical performance so far and provide him/her with feedback so that adequate time remains to correct any problems and to give him/her maximum opportunity to improve before the end of the rotation. Identify the student’s strengths and weaknesses regarding the following areas of competence and comment upon each in the space below. This evaluation will NOT be used in determining the student’s Final Grade in the Clerkship. This evaluation may be signed by the resident.

☐ The student's history and physical examination skills that are key to Surgery Clerkship were observed to meet the level of competence expected for this clerkship. Student received formative feedback on these skills.

Clinical Knowledge:

__________________________________________

__________________________________________

Communication Skills – Presentations on Rounds, Presentations of Assigned Patients, Interactions with Patients/Families:

__________________________________________

__________________________________________

Patient Care – H&Ps, Note Writing, Lab Interpretation, Overall Patient Care Activities, Procedures:

__________________________________________

__________________________________________

Self Learning (Practice Based Improvement):

__________________________________________

__________________________________________

Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS):

__________________________________________

__________________________________________

Professionalism (conscientious, interactions with others, dress, grooming, punctuality, honesty, motivation, recognizes limitations):

__________________________________________

We have met and discussed the above on the date indicated below.

SIGNATURES:

Evaluator(s) Signature ___________________ Student’s Signature ___________________ Date ________________

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