

**Longitudinal Clinical Clerkship 3
Student Evaluation Form**

Student Name _____

Faculty Name _____

Clinical Skills

Patient Interview

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Incomplete, unfocused	Obtains basic history; accurate	Precise, detailed, broad-based	Resourceful, efficient, appreciates subtleties	N/A

Physical Exam

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Incomplete	Major findings identified	Organized, focused, relevant	Elicits subtle findings	N/A

Written Notes

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Needs organization, omits relevant data	Complete, logical, reflects ongoing problems and plan	Precise, concise, organized	Analytical	N/A

Oral Presentation

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Major omissions, includes irrelevant facts	Maintains basic format, basic information	Fluent, focused	Tailored to type of rounds or setting, poised	N/A

Professionalism

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Often unprepared, lackadaisical	Fulfills responsibility, productive team member	Seeks responsibility, good rapport with staff	Remarkable dedication to patient care, perceived as integral member of the team	N/A

Grade ___ Pass ___ Fail

Mandatory Comments:

General Statement

What the Student Did Well

Areas for Improvement

(Faculty Signature/Date)

(Course Director Signature/Date)