

# FAMILY MEDICINE CLERKSHIP MID-ROTATION EVALUATION & FEEDBACK

STUDENT

ATTENDING/RESIDENT

Review of Performance (to be completed by attending/resident):

Category	Not Observed	Unacceptable	Below Expectations	Meeting Expectations	Exceeding Expectations
Ability to Complete a Focused History					
Ability to Complete a Focused Physical Exam					
Interest in Learning					
Professionalism					
Oral Communications					
Written Notes					

**PATIENT LOGBOOK:**

- |                            |     |    |
|----------------------------|-----|----|
| 1. CURRENT                 | YES | NO |
| 2. PERTINENT DATA RECORDED | YES | NO |

**R - I - M - E**                      **REPORTER**    **INTERPRETER**    **MANAGER**    **EDUCATOR**  
 (Circle the Appropriate Description)

**SUGGESTIONS FOR IMPROVEMENT** (*What specifically can the student do to improve performance in the above areas?*)

ATTENDING'S SIGNATURE & DATE

STUDENT'S SIGNATURE & DATE