

Student Name \_\_\_\_\_

## **THIRD YEAR FAMILY MEDICINE CLERKSHIP STUDENT EVALUATION - FINAL**

***0-Below level of training-needs further development***

***1-Appropriate for level of training***

***2-Above expected level of training***

### **MEDICAL KNOWLEDGE**

\_\_\_\_\_ The student's fund of medical knowledge was appropriate for his/her level of training and demonstrated the ability to apply medical knowledge to patient care.

\_\_\_\_\_ The student consulted appropriate medical resources to increase their understanding of disease processes, evidence based data, and clinical guidelines for patient care.

\_\_\_\_\_ The student developed knowledge of preventative services.

\_\_\_\_\_ The student appropriately addressed psycho-social issues relevant to delivery of patient care.

### **Skills**

\_\_\_\_\_ The student is able to perform a thorough HPI and obtain pertinent past medical history, family history, and social history as part of his/her assessment of the patient.

\_\_\_\_\_ The student is capable of performing a complete physical exam.

\_\_\_\_\_ The student is able to interview a patient in a timely manner (appropriate for level of training) and relate appropriately to the patient's concerns, behavior and beliefs.

\_\_\_\_\_ The student is able to document an accurate, timely and legible medical record.

### **Professionalism**

\_\_\_\_\_ The student is effective and appropriate in the exchange of information and interactions with patients, their families, and members of the healthcare team.

\_\_\_\_\_ The student manifested a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

### **Please comment:**

\_\_\_\_\_  
PRECEPTOR SIGNATURE

\_\_\_\_\_  
Clerkship Director Signature