

**THIRD YEAR FAMILY MEDICINE CLERKSHIP STUDENT EVALUATION - MID-TERM**

***Please assign each area of evaluation 0 – 3 points  
(0=unacceptable, 1=poor, 2=average, 3=excellent)***

**MEDICAL KNOWLEDGE**

\_\_\_\_\_ The student's fund of medical knowledge was appropriate for his/her level of training.

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

\_\_\_\_\_ The student demonstrated the ability to apply medical knowledge to 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.

**Y N** Student actively participated in at least 2 hours of local community service.

**Please comment:**

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

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**CLERKSHIP DIRECTOR SIGNATURE**