

**Subject Name**

Class of ----

Rotation: Location

Evaluation Dates

Evaluated by: **Evaluator Name**

Class of ----

MID-CLERKSHIP FEEDBACK ABOUT TRAINEE**Instructions:**

THE COMMUNITY CLERKSHIP DIRECTOR WILL COMPLETE THIS FORM IN NEW INNOVATIONS AND THE FEEDBACK WILL AUTOMATICALLY BE SENT TO THE STUDENT VIA EMAIL NOTIFICATION. The mid-clerkship review is intended as a formative feedback process for the MSU-CHM student. The Community Clerkship Assistant or Clerkship Director will print a report on each student's logged procedures (if applicable) and diagnoses for review prior to the individual student meetings.

1 BASIS OF ASSESSMENT - This assessment is based on:

- Clerkship Director's observations and interactions with this student.
- Feedback received from the student's assigned preceptor(s) and/or residents.

PATIENT ENCOUNTER LOG AND MINIMUM OBJECTIVES REQUIREMENTS

2* Based on review of student's progress in completing the requirements for diagnoses and procedures, is there any reason to believe the student may have difficulty meeting the minimum requirements?

- Yes
- No

3 If YES, what plan was discussed that will assist the student in meeting the minimum requirements?

PROFESSIONAL BEHAVIOR

4* Is there any reason to believe the student may be having difficulty in any of the following areas of professional behavior?

- Yes
- No

5 If YES, please check all that apply and explain below:

- Attendance
- Punctuality
- Professionalism
- Communication Skills
- Attitude
- Initiative/Effort

Comment

6 What plans were discussed to address the professional behavior concerns?

STUDENT CONCERNS

7* Did the student have concerns about the clerkship that were discussed during the mid-clerkship review?

- Yes
 No

8 If YES, what were the concerns, and how will these concerns be addressed?**9* Did the student have concerns about violations of the CHM Student Work Hours policy of no more than 80 hours per week averaged over 4 weeks?**

- Yes
 No

10 If YES, what were the work hours concerns, and how will these concerns be addressed?

STUDENT OVERALL PERFORMANCE

11* Is student progressing satisfactorily for his/her level of development at mid-clerkship?

- Yes
 No

12 If NO, summarize areas of weakness and outline "next steps" for the student:**13* COMMENTS:**

DISCUSSED WITH STUDENT

14* Was there a meeting with the student to discuss each area outlined above?

- Yes
 No

15* NAME of Faculty Educator that met with the student, DATE and LOCATION of meeting: