

**Internal Medicine Clerkship
Mid-Course Feedback Form**

Student Name: _____ Dates of Contact: _____

Faculty Name: _____ Hospital Name: _____

Please circle the number indicating your assessment of the student's performance at mid-course. You may also include comments for the student on performance and areas of improvement. The student must deliver the completed form to Kelly Rauser (kraus1@lsuhsc.edu, 5217 CALS). **If any of the areas are rated as Below Average, a clerkship director will contact you for details on performance then schedule a counseling session with the student.**

GENERAL CHARACTERISTICS	Below Average	Average	Above Average
Overall work habits	1	2	3
Overall organizational skills	1	2	3
Oral Presentations	1	2	3
Takes an appropriate and thorough history	1	2	3
Basic disease process knowledge	1	2	3
Participates regularly in patient care	1	2	3
Develops a differential diagnosis/management plan	1	2	3
Maintains clear, complete, legible written records	1	2	3
Demonstrates effective communication with patients	1	2	3
Shows evidence of supplemental reading	1	2	3

PROFESSIONAL/PERSONAL QUALITIES	Satisfactory	Not Satisfactory
Ability to work within in a team	S	N
Professional behavior	S	N
Personal appearance	S	N

STUDENT SELF-EVALUATION	Yes	No
I am making adequate progress on my core clinic conditions and required clinical skills.	Y	N
I have been adequately supervised by faculty and residents on this clerkship.	Y	N
I have been able to follow the schools' student clinical duty hours policy	Y	N

COMMENTS: _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____