

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

Student Name: _____ Dates of Contact: _____

Faculty Name: _____ Hospital Name: _____

Please circle the number that indicates your assessment of the student's performance at mid-course. You may also include comments for the student on performance and areas of improvement. Once completed, the student must deliver the form to Ryan Bell (rbell6@lsuhsc.edu, Clinical Education Building, room 425).

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

COMMENTS: _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____