

MEDICAL STUDENT EVALUATION

Student Name: _____ MS 3 _____ MS 4 _____

Quarter: _____ Dates of Rotation: From: _____ To: _____

Course Title: _____ Number _____

Please evaluate the student's performance in the following four categories and enter a score for each from 1 (unacceptable) to 6 (outstanding).

- I. DATA GATHERING - History and physical. Use of laboratory information and other Records. Use of medical literature (Out of 6) _____
- II. PROBLEM SOLVING - Integration of basic science knowledge and clinical data, including Psychosocial data. Clinical judgment. (Out of 6) _____
- III. COMMUNICATION AND INTERACTION - Rapport with patients, families, the team and peers. (Out of 6) _____
- IV. PROFESSIONAL BEHAVIOR - Integrity. Support of peers. Responsibility to patients and the team. Initiative. Self education. (Out of 6) _____
- Overall score = $\frac{I + II + III + IV}{4}$ = _____

Please include representative preceptor comments. These comments become part of the student's permanent record. All comments should be identified by the name and relationship of the author (i.e., attending, resident, intern, nurse). Please type or print clearly.

Date

Course Director

FINAL GRADE _____
(Honors/Pass/Fail/Incomplete)

Hospital - Print or Type

Please Return To:
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