**Department of Clinical Sciences**
5999 Summerside Drive, Suite 220, Dallas, Texas, USA 75252
Toll Free: 1-888-440-4474
Tel. 972-484-9700
Fax: 972-484-9970

# Mid - Clerkship Performance Evaluation

Name of the Student: _____

Student ID No. (Last 6 digits of SSN): _____ / _____

Date: _____ / _____ / _____ Clerkship: Core / Elective Duration: _____ Weeks
(Circle One)

Rotation Dates: _____ / _____ **Specialty:** _____
(Start) (End)

| ***Students are scored on a scale of 1 to 5, one being the lowest. A numerical entry of "2" in any of the following categories will result in a grade of "Fail" (F).*** **[check one]** | | | | | |
|---|---|---|---|---|---|
| **Patient Care & Medical Knowledge** | **1** | **2** | **3** | **4** | **5** |
| Knowledge of medical sciences | ☐ | ☐ | ☐ | ☐ | ☐ |
| History taking and physical exam skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knowledge of assigned patients | ☐ | ☐ | ☐ | ☐ | ☐ |
| Clinical/Professional judgment (diagnostic & therapeutic) | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Interpersonal and Communication Skills** | | | | | |
| Patient interviewing skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Effective team member | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Professionalism** | | | | | |
| Appearance, attitude & behavior | ☐ | ☐ | ☐ | ☐ | ☐ |
| Attendance | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Practice-Based Learning & Improvement** | | | | | |
| Uses information technology for education & patient care | ☐ | ☐ | ☐ | ☐ | ☐ |
| **System-Based Practice** | | | | | |
| Knowledge of multi-disciplinary team approach | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | |
| **Comments:** | | | | | |

Physician Signature: _____ Date: _____ / _____ / _____

Printed Name, Degree & Title: _____

Department: _____ Institution: _____

Phone Number: _____ - _____ - _____ E-mail: _____

Address: _____

*For Medical College Office Use:*

*Attendance:* _____

*Verified Logbook:* ***YES / NO*** *Write-up Evaluation:* _____

*Clerkship:* ***Accepted / Rejected***

*Signature:* _____ *Date:* _____ / _____ / _____

*Dean of Clinical Sciences Signature:* _____