

CLERKSHIP FORMATIVE EVALUATION

THIRD-YEAR CLERKSHIP IN SURGERY

STATE UNIVERSITY OF NEW YORK AT BROOKLYN - COLLEGE OF MEDICINE

Instructions for Evaluators: The purpose of this form is to provide students with timely feedback on their performance so that they can identify areas of weakness and improve their skills. This form will not be used to determine the student's final grade nor does it release you from completing the student's final evaluation at the end of the clerkship. Please note that formative evaluations are mandatory and required in all clerkships.

Instructions for Students: Submit this form to your ward attending during week 3 of your first four week rotation and immediately mail the signed, completed form to the address below. Please retain a photocopy of your own records. It is the student's responsibility to submit and return completed forms. Failure to do so will result in a grade of incomplete (I). This form should not be completed for the two week elective or anesthesia rotation.

Return to: Jillian Telford, SUNY-HSCB, 450 Clarkson Avenue, Box 40, Brooklyn, N.Y. 11203-2098.

Rate student's current performance by placing a check mark in the appropriate boxes below.

	BELOW Expectations	MEETS Expectations	ABOVE Expectations	Not Observed
Basic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History Taking and Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis and Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Manual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships With Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships With Health Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Behavior and Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide feedback on student's performance : _____

By signing below the evaluator and student acknowledge that they have discussed this evaluation.

print student's name

print evaluator's name

clerkship site

student's signature

evaluator's signature

today's date