

**Yale University Department of Medicine: CL MAP-IM:  
Medical Approach to the Patient**

**Mid-Clerkship Feedback Form (for Med I and II)**

Half-way through each rotation, please have one of your evaluators fill this out, the student scans and emails it to [kathleen.bertier@yale.edu](mailto:kathleen.bertier@yale.edu) (electronic copies only; no hard copies accepted)

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Discussed

Areas of strength (list three):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Skills to improve (list three):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Faculty/Resident Signature: \_\_\_\_\_

# Evaluation Form

## Faculty / Resident Evaluation of Medical Student

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

Attitudes and Behaviors Questions					
	1	2	3	4	N/A
1. <u>Attendance and Effort</u> Freely accepts and satisfactorily discharges responsibility for learning and patient care; is absent only for compelling reasons such as illness or family crisis; assumes responsibility for notifying the staff and managing the schedule in such instances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Almost never effective and failing to improve	Sometimes effective and improving	Usually effective and improving	Consistently effective	Not able to evaluate
2. <u>Relationship with Patients</u> Interactions with patients, families, and their significant others are characterized by respect, trust and positive affect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Professional Relationships</u> Interactions with peers, physicians, other health care professionals and staff are positive; student functions as a member of the patient care team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Overall Professional Conduct</u> Ethical, trustworthy, reliable, compassionate, unselfish, committed to the patient's well-being, freely acknowledges his or her own limitations and mistakes, listens and follows instructions, and observes boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Self-directed Learning</u> Identify limitations in his/her own knowledge; formulates relevant questions arising out of clinical scenarios; is familiar with and utilizes information resources; works independently to find answers and solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	1	2	3	4	N/A
12. <u>Clinical Science</u> Understands the relationships among pathophysiology, clinical manifestations of disease, diagnosis, prognosis and treatment of diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Comments</b>
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13. Narrative Comments  
Please use this space to elaborate on aspects of your student's performance. Please include illustrative examples of behaviors which relate to the above performance categories. This narrative will be used in the Dean's letter for internship.

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14. Recommendations for Future Learning  
Please use this space to summarize our suggestions as to how this student might focus his/her learning in future clerkships. Cite at least two competencies needing further development. These comments are solely for purposes of feedback and are not intended for use in the Dean's office.

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