

FAMILY MEDICINE CLERKSHIP FEEDBACK CARD

Student: _____ Evaluator: _____

Date: _____ Advisor: _____

Comments

Data Gathering and History Taking

1 2 3 4

Application of Knowledge

1 2 3 4

Physical Exam

1 2 3 4

Assessment of Problems/Diagnosis

1 2 3 4

Written and Oral Presentation

1 2 3 4

Relationships with Patients and Families

1 2 3 4

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Treatment Plan
 1 2 3 4

Independent Learning
 1 2 3 4

Integrity, Compassion, Respect for Patients
 1 2 3 4

Teamwork
 1 2 3 4

Patient Advocacy
 1 2 3 4

Cost of Care
 1 2 3 4

Overall
 1 2 3 4

Scale:
1: Below Expectations 3: Above Expectations *Do not rate if N/A*
2: Meets Expectations 4: Far Exceeds Expectations *for subject area*

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