

USF College of Medicine Mid-Term Assessment and Feedback Form

Student Name _____

Evaluator _____ Date _____

Please rate the domains below based on the following rating scale.

	Student Rating of Self			Faculty Preceptor Rating of Student		
Domain 1: Clinical Skills	Needs Work	On Target	Above Average	Needs Work	On Target	Above Average
<i>History-taking skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Physical exam skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Communication skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Patient-centered care</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domain 2: Professionalism	Needs Work	On Target	Above Average	Needs Work	On Target	Above Average
<i>Punctuality, timeliness</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Response to feedback</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Prepared for small group</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Participation in small group</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Respect for patients</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Comments:

What strengths did you bring to small group? Interviewing? Physical exam skills and practice?

What do you need to improve upon in respect to the above question?

Student Signature: _____

Date _____

Preceptor Comments on specific strengths and weaknesses of this student for the entirety of the Course:

Preceptor Signature: _____

Date _____

USF College of Medicine End-of-Course Assessment and Feedback Form

Student Name _____

Evaluator _____ Date _____

Please rate the domains below based on the following rating scale.

	Student Rating of Self			Faculty Preceptor Rating of Student		
Domain 1: Clinical Skills	Needs Work	On Target	Above Average	Needs Work	On Target	Above Average
<i>History-taking skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Physical exam skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Communication skills</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Patient-centered care</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domain 2: Professionalism	Needs Work	On Target	Above Average	Needs Work	On Target	Above Average
<i>Punctuality, timeliness</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Response to feedback</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Prepared for small group</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Participation in small group</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Respect for patients</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student Comments:

What strengths did you bring to small group? Interviewing? Physical exam skills and practice?

Did you fulfill your goals identified during the mid-term feedback session? What do you need to improve upon with the above as you continue with your healthcare education?

Student Signature: _____

Date _____

Preceptor Comments on specific strengths and weaknesses of this student for the entirety of the Course:

Preceptor Signature: _____

Date _____