

Mid Clerkship Feedback Neurology Clerkship

STUDENT: _____ SITE: _____

EVALUATOR: _____ DATE: _____

INSTRUCTIONS: Students: please reflect on your strengths and weakness pertaining to your experience so far in the neurology clerkship and write a few lines on areas you would like to focus on for improvement.

Clinical Knowledge:

Communication Skills – Presentations on Rounds, Presentations of Assigned Patients, Interactions with Patients/Families:

Patient Care – H&Ps, Note Writing, Lab Interpretation, Overall Patient Care Activities, Procedures:

Self Learning (Practice Based Improvement):

Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS):

Professionalism (conscientious, interactions with others, dress, grooming, punctuality, honesty, motivation, recognizes limitations):

SMART GOAL:

We have met and discussed the above on the date indicated below.

SIGNATURES:

Evaluator(s) Signature

Student's Signature

Date