

LOYOLA UNIVERSITY CHICAGO - STRITCH SCHOOL OF MEDICINE
MEDICINE CLERKSHIP
WRITE-UP EVALUATION/FEEDBACK

STUDENT _____ EVALUATOR: _____

WRITE-UP: #1 _____ DATES: _____

Instructions to evaluator: After hearing the student's presentation and reading the write-up, please comment on the student's strengths and areas for improvement. Focus on the following:

- HPI – story of the illness
- HPI – patient's perspective
- Physical Exam – complete and focused on patient problem
- Problem List
- Assessment – differential diagnosis and status report including rationale
- Plan – including diagnostic, therapeutic and patient education
- Orders

STRENGTHS:

AREAS FOR IMPROVEMENT:

Student's Signature

Evaluator's signature

Attending's Signature

To be completed by student: Major issue(s) encountered with this patient is/are:

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STUDENT _____ EVALUATOR: _____

WRITE-UP: #2 _____ DATES: _____

Instructions to evaluator: After hearing the student's presentation and reading the write-up, please comment on the student's strengths and areas for improvement. Focus on the following:

- HPI – story of the illness
- HPI – patient's perspective
- Physical Exam – complete and focused on patient problem
- Problem List
- Assessment – differential diagnosis and status report including rationale
- Plan – including diagnostic, therapeutic and patient education
- Orders

STRENGTHS:

AREAS FOR IMPROVEMENT:

Student's Signature

Evaluator's signature

Attending's Signature

To be completed by student: Major issue(s) encountered with this patient is/are:

STUDENT _____ **EVALUATOR:** _____

WRITE-UP: #3 **DATES:** _____

Instructions to evaluator: After hearing the student's presentation and reading the write-up, please comment on the student's strengths and areas for improvement. Focus on the following:

- HPI – story of the illness
- HPI – patient's perspective
- Physical Exam – complete and focused on patient problem
- Problem List
- Assessment – differential diagnosis and status report including rationale
- Plan – including diagnostic, therapeutic and patient education
- Orders

STRENGTHS:

AREAS FOR IMPROVEMENT:

Student's Signature

Evaluator's signature

Attending's Signature

To be completed by student: Major issue(s) encountered with this patient is/are:

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STUDENT _____ **EVALUATOR:** _____

