

PCM 2

PE on Sp Model Write Up

Due 10/25/11

DATA BASE: EVALUATION

Student (MS2) Name: _____

Initials Of Patient: _____

Hospital/Clinic: _____

Facilitator: Please review write up, give student oral feedback, sign and date this form.

Student: Return your write up with this completed evaluation form to the PCM 2 Medical Education Coordinator, Les Medley, in the Educational Affairs Office, Bldg. 120 Room 300.
(MS2)

	Does Not Meet Expectations	Meets Expectations with Concern	Meets Expectations	Exceeds Expectations
Legible Handwriting:				
Physical Examination:				

Additional Comments:

Facilitator's Signature: _____ **Date:** _____

MS2's Signature: _____ **Date:** _____