Internal Medicine Clerkship
Formative Feedback Form

Student:_____ **Site:**_____

Evaluator:_____ **Date:**_____

Instructions:

- Please evaluate this student's clinical performance so far and provide feedback so that adequate time remains to correct any problems and improve before the student's summative/graded clinical performance evaluation
- Please provide **specific and actionable** comments in the space below each competency.
- This evaluation will NOT be used in determining the student's final grade in the clerkship.
- This evaluation may be signed by the intern, resident, or attending.

Patient Care:
Gather H&P data; interpret lab and radiologic data; develop differential diagnoses and treatment plans

BELOW expected level AT expected level ABOVE expected level

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_____

Interpersonal and Communication Skills, Inter-professional collaboration:
Notes and oral presentations (accurate, pertinent, concise, well-organized); interactions with patients, families, peers, and other health professionals

BELOW expected level AT expected level ABOVE expected level

_____

_____

Practice Based Learning/Improvement:
Identify own strengths and deficiencies; incorporate feedback; apply biomedical, clinical and translational research to patient care

BELOW expected level AT expected level ABOVE expected level

_____

_____

System Based Practice:
Incorporate psychosocial/community factors in care of patients

BELOW expected level AT expected level ABOVE expected level

_____

_____

Please note any concerns in the following areas: conscientiousness, dress, grooming, punctuality, honesty, motivation, humility, compassion, respect for others, healthy coping strategies to maintain wellbeing:

☐ Meets Expectations ☐ Concerns (explain below)

_____

Signatures:_____ _____ _____
Evaluator(s) Signature Student's Signature Date

Updated 4/28/25 MRE