

## RESIDENT FEEDBACK OF MEDICAL STUDENT PERFORMANCE ON NIGHTS

Name of Student being evaluated \_\_\_\_\_

Dates of Night Shifts \_\_\_\_\_

1. Please comment on this student's history and physical exam skills: \_\_\_\_\_

\_\_\_\_\_

2. Is this student's knowledge base appropriate for level of training?

\_\_\_\_\_

3. Please comment on student's oral presentation skills: \_\_\_\_\_

\_\_\_\_\_

4. Please comment on student's documentation skills: \_\_\_\_\_

\_\_\_\_\_

5. Please comment on student's professionalism (being prompt, interacting in a professional manner with the health care team and with families): \_\_\_\_\_

\_\_\_\_\_

6. Is the student well integrated into the team? If not, how can student become better integrated? \_\_\_\_\_

\_\_\_\_\_

7. Other Comments: \_\_\_\_\_

\_\_\_\_\_

Name of Resident completing this evaluation: \_\_\_\_\_

Signature of Resident completing this evaluation: \_\_\_\_\_

**\*\*KINDLY GIVE TO SUPERVISING RESIDENT ON NIGHTS TO COMPLETE\*\***