RESIDENT EVALUATION OF MEDICAL STUDENT PERFORMANCE ON NIGHTS

Name of student being evaluated _____

Dates of night shifts _____

1. Please comment on this student's ability to perform a history and physical and to keep appropriate records on patients. _____

   _____

2. Is the student well integrated into the team? (participates on rounds, patient follow-up, etc.)

   _____

   _____

3. Please comment about the student's performance when on call. _____

   _____

4. Please assess the student's professionalism (being prompt, interacting in a professional manner with the health care team and with families). _____

   _____

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

   _____

6. Other Comments _____

   _____

   _____

   _____

Name of resident completing this evaluation: _____

Signature of resident completing this evaluation: _____

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