MSU College of Human Medicine
Psychiatry
Mid-Clerkship Preceptor Feedback

Student: _____   Evaluator Name: _____   Date: _____

Campus: _____   Evaluator SIGNATURE: _____

STUDENT: Please have preceptor complete this form. All completed forms must be returned *by the student* to the community clerkship office by 5:00 pm on the **second** Friday of the clerkship.

The mid-clerkship review is intended as a formative feedback process for the MSU-CHM clerkship student.

Basis of Assessment

1. This assessment is based on: (*check all that apply*)
    - ☐ My own personal observations and interactions with this student
    - ☐ Feedback I have received from the student's assigned preceptor(s) and/or resident(s)

Professional Behavior

2. Is there any reason to believe the student may be having difficulty in any of the following areas of professional behavior:
    - ☐ No reason to believe student is having difficulty in any of the below areas (*skip to question 3*)
    - ☐ Attendance
    - ☐ Punctuality
    - ☐ Professionalism
    - ☐ Communication Skills
    - ☐ Attitude
    - ☐ Initiative/Effort

Student Overall Performance

3. Is student progressing satisfactorily for his/her level of development at mid-clerkship?
    - ☐ Yes
    - ☐ No

3a. If no, summarize areas of weakness:

Student Concerns

4. Did the student have concerns about the clerkship that were discussed with you?
    - ☐ Yes
    - ☐ No

4a. If yes, what were the concerns:

Discussed with Student

5. Did you meet with the student to discuss the areas outlined above?
    - ☐ Yes   (Date:_____)
    - ☐ No

Overall Comments on Students Performance:

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For CLERKSHIP ASSISTANT Use ONLY:

☐ **Patient Log Satisfactory?**   YES   NO

Mid-Clerkship Preceptor Feedback Reviewed by: _____

For CLERKSHIP DIRECTOR Use ONLY:

1. If any professional behavior concerns were noted, what plans were discussed to address these concerns?

2. If any other student performance concerns were noted, what plans were discussed to address these concerns?

3. If the student had concerns about the clerkship, how will these be addressed?

4. If deficiencies in the Patient Log were noted, how will these be addressed?

Clerkship Director Approval: _____

Date: _____