

FMIS Attending Physician Assessment of Student

Student's Name: _____

Dates: _____ Attending: _____

Please take the time to write specific comments as they provide important feedback to your student. In order for this student to pass the inpatient component of the Clerkship, comments must be written.

Questions:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Did the student do at least 4 H & P's that were reviewed by the Attending or ACR? 2. Did the student do hospital rounds and 24 hour call on 2 weekend days? 3. Did the student do 24 hour call on 2 weekdays? 4. Did the student give a presentation on a medical topic? | <p><u>Circle One</u></p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> |
|--|---|

Topic presented (if you remember): _____

If "no" on any of the above, please explain.

Comments:

	Strengths	Opportunities for Improvement
Professionalism		
Medical knowledge		
Daily Progress Notes		
H & P's *		
Pt. Presentations on Rounds		
Presentation of a Topic		
Interpersonal skills w/patients, staff & team		
Other		

* Note: Students must do at least 4 thorough H&P's. However, students may do more (up to 12) as per the discretion of the Attending and ACR.

Attendance (please circle one box in each row)

<u>Absences</u>	4 or more unexcused absences	2-3 unexcused absences	1 unexcused absence	Absences which were excused ahead of time	No absences
<u>Lates</u> (> 10 min.)	7 or more unexcused lates	4-6 unexcused lates	1-3 unexcused lates	Lates which were excused ahead of time	No lates > 10 min.

Inpatient Grade (circle one): High Pass Pass Minimal Pass Needs Remediation

If needed, what kind of remediation do you recommend?

Attending's Signature: _____ Date: _____

When complete, please **fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have questions, call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you!