

Evaluator: _____

Staff or Student

Student: _____

Date: _____

Patient Problem/Diagnosis: _____

Patient Age: _____ **Patient Gender:** _____

1. Medical Interviewing Skills

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

2. Physical Exam Skills

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

3. Addresses Chief Complaint

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

4. Organization and Efficiency

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

5. Professionalism

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

6. Overall Rating

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory Satisfactory Superior

Rater Satisfaction: 1 2 3 4 5 6 7 8 9

Student Satisfaction: 1 2 3 4 5 6 7 8 9