

University of Missouri-Kansas City
Master of Medical Science Physician Assistant Program

Mid-Rotation Evaluation

This mid-rotation evaluation is designed to alert the student and the program to issues which can be addressed during the remainder of the clinical rotation. Please comment below on the level of student performance at the mid-point of the clinical rotation, to include comments on the student's strengths and weaknesses, and/or concerns you have. **Please review your comments with the student, then the form may be given to the student.**

For PA Program use only - Not released to third parties.

To be completed by student:

Student Name: _____

Clinical Rotation and Site: _____

Rotation Dates: _____

1) Please comment on the student's **fund of knowledge** (formulation of differential diagnosis, assessment, plan).

2) Please comment on the student's **clinical skills** and ability (H&Ps, documentation, basic procedures).

3) Please comment on the student's **professionalism** (punctuality, attire, maturity, work ethic, patient/staff rapport).

4) How would you rate this student's **overall performance** at this point in the rotation? (Please circle one.)

Superior

Very Good

Satisfactory

Below Expectation

5) Which areas need the most **improvement** during the remainder of this rotation?

Evaluator's Signature

Evaluator's Name & Title *(please print)*

Today's Date

Student's Signature

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