Medical Citizenship Evaluation

Instructions: Preceptors, house officers, nurses, physician assistants, and clerkship administrators should complete this for each student on the clerkship. The purpose of this form is to help students understand why the evaluation was written, give them appropriate feedback, and help the students develop ways to improve professional behaviors.

Student Name: ___________________________   Clerkship:_________________

1. Student is punctual
   (Check NO if student arrives late more than once) ○ ○ ○

2. Completes assignments and/or documentation in a timely manner
   (Check NO if required training, course/faculty evaluations, assignments, clinic notes, admission notes, etc. are turned in after the deadline) ○ ○ ○

3. Interacts well with others (other students, staff, faculty)
   (Check NO if student discourages interactions due to poor communication verbally and/or via emails) ○ ○ ○

4. Exhibits professional demeanor
   (Check NO if personal appearance, hygiene, and/or behavior distracts from performance) ○ ○ ○

5. Exhibits self-improvement
   (Check NO if student is unreceptive to feedback and does not adapt) ○ ○ ○

COMMENTS: For any “NO” remark, please report your observations in as much detail as necessary.

Evaluator Signature ___________________________   Date ___________________________