UW Madison Physician Assistant Program  
MID-POINT CLINICAL PRECEPTOR EVALUATION

Please provide feedback on our student’s progress mid-way through his/her rotation.

Student Name: ___________________________  Clinical Preceptor Name: ___________________________

Clinic Name: ___________________________

Rotation Type (please circle one):  IM  FM  SURG  EM  OTHER:  
Rotation (please circle one):  1  2  3  4  5

<table>
<thead>
<tr>
<th>Medical Fund of Knowledge</th>
<th>On the right track, learning appropriately</th>
<th>Emphasize more study and practice in this area</th>
<th>* Area of concern</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>History Taking Skills</td>
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<td>Physical Exam Skills</td>
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<td>Interpreting Labs-Tests</td>
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<td>Formulating Differential Diagnoses</td>
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<td>Management and Treatment Plans</td>
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<td>Written Documentation Concise and Pertinent</td>
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<td>Oral Presentation Concise and Pertinent</td>
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<td>Communication Skills: Patient education &amp; interaction</td>
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Professional Behavior:
- Enthusiasm & self-motivation
- Accepts criticism
- Recognizes own limitations
- Functions well in a team
- Displays cultural competency
- Rapport with clinic staff
- Dependable & Punctual

**General Comments/Explanation of ‘Area of Concern’:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Clinical Preceptor (Signature): ___________________________  Date: ___________________________

Clinical Preceptor (PRINT Name): ___________________________

Student Signature: ___________________________  Date: ___________________________

Preceptor: Please return evaluation to the students OR fax to the PA Program 608-265-4973
Student: Please submit on Learn@UW Dropbox on “Physician Assistant Program-Clinical Year Resources”
Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu