



Evaluation Form for UBC Medical Students Dermatology Clinics

Please ensure that the attending physician fills this out following each clinic.

Please keep this with you, and return it to the Ward resident of VGH or SPH (depending on where you are based), or the staff dermatologist at the IMP or NMP site at the end of the day on Thursday, or first thing Friday morning.

This form will be used to confirm attendance, and will be used as a supplementary tool by house staff in performing your overall evaluation.

Student name: _____ **Date:** _____
(print legibly)

CLINICAL CLERK to complete:

List of conditions seen in clinic: _____

Procedures seen/performed in clinic: _____

STAFF DERMATOLOGIST to complete:

	Needs Remediation	Meets expectations	Not applicable
History			
Morphology			
Procedural Skills			
Knowledge			
Management			

Comments on Student Performance: _____

Attending staff (print name) Dr. _____ Attending staff (signature) _____