# Medical Student ED Shift Evaluation Sheet

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attending Name:</th>
<th>Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

What were your goals for the student during the ER shift? (check all that apply)

- Observation of procedures and critical care management
- “shadowing” of supervising staff
- Direct patient care (history taking, physician examination, precepting)
- Joint patient management with ED resident
- Other (write in)

Did the student meet these goals? **Yes**  **No**

One Strength

________________________________________

One weakness

________________________________________

Does the student’s performance today support an honors evaluation? **Y**  **N**

Other comments:

________________________________________