

Clinical Student Performance Evaluation From

Class of: _____

OMSIII OR

OMSIV

Student Name: _____

Core OR

Elective

Rotation Subject: _____

Date of Rotation: _____

Hospital or Clinical Site Name: _____

The Likert scale seen here should be utilized when evaluating students on the below competencies. Overall preceptor grade Pass/Fail.

1	2	3	4	5	6	7	Not Observed
Unacceptable	Poor	Marginal	Adequate	Competent	Excellent	Outstanding	

Patient Care: Skills: Performs patient interviews; uses judgment; is respectful of patient preferences.

1	2	3	4	5	6	7	Not Observed

Medical Knowledge: Skills: Degree of knowledge base; committed to life-long learning, has understanding of complex problems

1	2	3	4	5	6	7	Not Observed

Practice Based Learning and Improvement: Skills: Self assesses; uses new technology, accepts feedback

1	2	3	4	5	6	7	Not Observed

Interpersonal and Communication Skills: Skills: Establishes relationships with patients/families, educates and counsels patients/families, maintains comprehensive, timely, legible medical records.

1	2	3	4	5	6	7	Not Observed

Professionalism: Skills: Shows compassion, respect, and honesty, accepts responsibility for errors, and considers needs of patient/colleagues.

1	2	3	4	5	6	7	Not Observed

System-Based Practices: Skills: Practices cost-effective healthcare; assists patient with in dealing with system complexities, coordinates various resources.

1	2	3	4	5	6	7	Not Observed

Osteopathic Principles and Practice: Skills: Correlates osteopathic philosophy into disease entities; can complete a structural exam; utilizes osteopathic manual skills.

1	2	3	4	5	6	7	Not Observed

Student Name: _____

Additional Questions:	Substandard	Adequate	Good	Excellent
Student is properly prepared for rotations				
Ability to present a history and physical exam				
Ability to research medical literature				
Demonstration of technical ability				
Quality of written physical and history				
Develop a plan of treatment				
Quality SOAP notes				
Clarity and quality of presentations				
Educational Contributions				
Appearance				
Promptness				

**** » Please select a suggested overall grade: Pass Fail « ****

Student Strengths/noteworthy characteristics:

These comments will be noted on the students MSPE (Deans Letter). The MSPE (Deans Letter) is part of the application for residency.

Student areas for improvement:

These comments will not be included on the students MSPE (Deans Letter)

Please attach a separate page with any additional comments.

AOA or AMA # _____

This evaluation was completed:

New TouroCOM Preceptor

Preceptor Name/Degree: _____
(Please clearly print name)

Date: _____

Preceptor Signature: _____
**All Preceptors signing evaluations must be licensed & a TOUROCOM credentialed physician/ provider*

Email: _____

Attending Name: _____
(If different from above)

Date: _____

Attending Signature: _____

Email: _____

Independently OR Composite

Additional Contributors/Degree:

Reviewed by TouroCOM DME: _____

Student Signature: _____
(student signature acknowledges review of the evaluation with the preceptor)

Attendance:

Anytime requested to be away from the hospital/rotation site during regularly scheduled hours must be reported to the COM. Student are expected to attend all regularly scheduled shifts with the exception of time for Boards (1-2 days), Interviews, Illness or emergency.

of Shifts (Days) Missed: 1 2 3 or more – Reason Required:
of Shifts (Days) Made Up: _____

(COMLEX, PE, USMLE, Interview, Illness or other)