

Clinical Student Performance Evaluation (SPE)

Class of: _____ OMSIII OR OMSIV

Student Name: _____ Core OR Elective

Rotation Subject: _____ Start & End Dates of Rotation: _____

Hospital or Clinical Site Name: _____

Use the Likert scale below to evaluate **each** competency. Score ≤ 3 indicate a Fail. Score of ≥ 4 indicate Pass. Score of ≥ 6 indicate High Pass. Receiving ≤ 3 for ≥ 2 competencies indicates a Fail for the rotation. Select Overall preceptor grade (High Pass/Pass/Fail)

1	2	3	4	5	6	7	Not Observed
Unacceptable	Poor	Marginal	Adequate	Competent	Excellent	Outstanding	
←————→			←————→		←————→		
Fail (U)			Pass (P)		High Pass (HP)		

Osteopathic (AACOM) Core Competencies		Fail (U)			Pass (P)		High Pass (HP)		Not Observed
		1	2	3	4	5	6	7	
Patient Care:	Demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.								
Medical Knowledge:	Demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.								
Practice Based Learning and Improvement:	Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.								
Interpersonal & Communication Skills:	Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.								
Professionalism:	Uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Practitioners should be cognizant of their own physical and mental health in order to care effectively for patients.								
System-Based Practices:	Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.								
Osteopathic Philosophy and Manipulative Medicine:	Demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.								

Student Name: _____

Rotation: _____

Additional Questions:	Fail (U)		Pass (P)	High Pass (HP)	Not Observed
	Substandard	Marginal	Adequate	Excellent	
Properly prepared for rotations					
Appearance					
Promptness					
Ability to research medical literature					
Demonstration of technical ability					
Clarity and quality of oral presentations					
Ability to perform a physical exam					
Ability to develop appropriate plan of treatment					
Quality of written history and physical exam/SOAP note					
Educational contributions					
Integral member of the healthcare team					

Please select an overall grade: **Fail (U)** **Pass (P)** **High Pass (HP)**

Student Strengths/Noteworthy Characteristics:

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

Student areas for improvement:

These comments will not be included on the students MSPE (Dean's Letter)

Please attach a separate page with any additional comments

Attendance:

Anytime requested to be away from the hospital/rotation site during regularly scheduled hours must be reported to the COM. Students are expected to attend all regularly scheduled clinical duty hours, shifts, on call and didactics etc.

Of days or shifts Missed: 0 1 2 3 or more – **Reason Required:**

Of days or shifts Made up: _____

(COMLEX CE 2, USMLE, CSA, Residency interview, illness, other)

This evaluation was completed:

AOA or AMA # _____

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

Date: _____

Preceptor Signature: _____

Email: _____

All Preceptors signing **third-year core rotation evaluations must be licensed & a TouroCOM credentialed physician/provider*

Attending Name: _____
(If different from above)

Date: _____

Attending Signature: _____
Independently or Composite

Email: _____

Additional Contributors/Degree:

Reviewed by TouroCOM DME: _____

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