

Clinical Student Performance Evaluation (SPE)

Class of: _____

OMSIII OR OMSIV

Student Name: _____

Core OR Elective

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

Hospital or Clinical Site Name: _____

Use the Likert scale below to evaluate each competency. An overall average numerical score will be computed and utilized as part of the student's final course grade of Fail (U), Pass (P) or High Pass (HP).

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

AACOM Adapted Core Competencies	1	2	3	4	5	6	7	Not Observed
Patient Care: Demonstrate ability to do H&P, formulate differential diagnosis, present a case, formulate treatment plan, incorporate osteopathic philosophy; demonstrate empathy, awareness of behavioral issues; & apply preventive medicine & health promotion.								
Medical Knowledge: Demonstrate critical thinking skills, apply knowledge of accepted standards of clinical medicine, integrate OPP, & clinical sciences; demonstrate knowledge of curriculum, participate in didactics, including research (where applicable).								
Practice Based Learning & Improvement: Demonstrate ability to critically evaluate methods of clinical practice, integrate EBM into patient care, show an understanding of research methods & improve patient care practices. Appropriate use of EMR.								
Interpersonal & Communication Skills: Demonstrate interpersonal & communication skills to establish & maintain professional relationships with patients, families & members of health care teams. Present coherent patient presentations.								
Professionalism: Demonstrate high moral & ethical standards. Uphold the Osteopathic Oath, promote advocacy of patient welfare, collaborate with team, demonstrate sensitivity to diverse patient populations. Be cognizant of their own physical & mental health in order to care effectively for patients. Responsibility in demeanor, conversation & appearance.								
System-Based Practices: Demonstrate understanding of health care delivery systems, identify & integrate system resources for optimal patient care & collaborate with care team.								
Osteopathic Philosophy & Manipulative Medicine: Demonstrate & apply knowledge of accepted standards in Osteopathic Philosophy & Manipulative Treatment (OMT). Identify opportunities to apply OMT. Addresses the whole person.								

Student Name: _____

Rotation: _____

Additional questions and comments will be used for formative student feedback and MSPE content.

Additional Questions

	Substandard	Marginal	Adequate	Excellent	Not Observed
Properly prepared for rotations					
Appearance					
Promptness					
Ability to research medical literature					
Demonstration of technical ability					
Clarity & quality of oral presentations					
Ability to perform a physical exam					
Ability to develop appropriate plan of treatment					
Quality of written history & physical exam/SOAP note					
Educational contributions					
Integral member of the healthcare team					

Student Strengths/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 requested via email to the site with cc to Clinical Education. Student are expected to attend all regularly scheduled clinical duty hours, shifts, on call and didactics, etc.

Days or Shifts Missed: 0 1 2 3 or more – **Reason Required:**

Days or Shifts Made Up: _____

COMPLEX CE- 2, USMLE, CSA, Residency Interview, Illness, Other.

Evaluation completed by:

Preceptor Name/Degree: _____
(Please print full 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: _____

Email: _____

Independently or *Composite

Reviewed by TouroCOM DME: _____

*** Additional Contributors & Degree for Composite Evaluations:**

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

