

Third Year Clinical Student Performance Evaluation

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 High Pass/Pass/Fail. Scores of > 4 indicate a Pass. Scores of > 6 indicate a High Pass.

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

AOA Core Competency	Fail (U)			Pass (P)		High Pass (HP)		Not Observed
	1	2	3	4	5	6	7	
Patient Care: <i>Skills: Performs patient interviews; uses judgment; is respectful of patient preferences.</i>								
Medical Knowledge: <i>Skills: Degree of knowledge base; committed to life-long learning, has understanding of complex problems</i>								
Practice Based Learning and Improvement: <i>Skills: Self assesses; uses new technology, accepts feedback</i>								
Interpersonal and Communication Skills: <i>Skills: Establishes relationships with patients/families, educates and counsels patients/families, maintains comprehensive, timely, legible medical records.</i>								
Professionalism: <i>Skills: Shows compassion, respect, and honesty, accepts responsibility for errors, and considers needs of patient/colleagues.</i>								
System-Based Practices: <i>Skills: Practices cost-effective healthcare; assists patient with in dealing with system complexities, coordinates various resources.</i>								
Osteopathic Principles and Practice: <i>Skills: Correlates osteopathic philosophy into disease entities; can complete a structural exam; utilizes osteopathic manual skills.</i>								

Student Name: _____

Rotation: _____

Additional Questions:

	Fail (U)		Pass (P)	High Pass (HP)	Not Observed
	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: **Fail (U)** **Pass (P)** **High Pass (HP)**

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: 0 1 2 3 or more – Reason Required:
of Shifts (Days) Made Up: _____ (COMLEX, PE, USMLE, Interview, Illness or other)