

## Clinical Student Performance Evaluation Form

Class of: \_\_\_\_\_  OMSIII OR  OMSIV  
 Student Name: \_\_\_\_\_  Core OR  Elective  
 Rotation Subject: \_\_\_\_\_ Date of Rotation: \_\_\_\_\_  
 Hospital or Clinical Site Name: \_\_\_\_\_

The Likert scale will be use by the Department of Clinical Education when determining the students grade.

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

<b>Patient Care:</b> Skills: Performs patient interviews; uses judgment; is respectful of patient preferences.							
1	2	3	4	5	6	7	Not Observed

<b>Medical Knowledge:</b> Skills: Degree of knowledge base; committed to life-long learning, has understanding of complex problems							
1	2	3	4	5	6	7	Not Observed

<b>Practice Based Learning and Improvement:</b> Skills: Self assesses; uses new technology, accepts feedback							
1	2	3	4	5	6	7	Not Observed

<b>Interpersonal and Communication Skills:</b> Skills: Establishes relationships with patients/families, educates and councils patients/families, maintains comprehensive, timely, legible medical records.							
1	2	3	4	5	6	7	Not Observed

<b>Professionalism:</b> 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

<b>System-Based Practices:</b> 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

<b>Osteopathic Principles and Practice:</b> 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: \_\_\_\_\_

Rotation: \_\_\_\_\_

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				

**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 by:**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mid-rotation feedback provided: Yes NO

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:

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

# of Shifts (Days) Made-up: \_\_\_\_\_

\*Days made-up must be shown for time missed for the student to receive credit for the rotation.

\_\_\_\_\_