

**2009-2010 Academic Year / Medical University of South Carolina College of Medicine
Student Clinical Performance Evaluation**

Student's Name: _____ Clerkship: Family Medicine Rural Rotation Dates: _____

Please rate the student's performance in each category by checking one box in each row.

KNOWLEDGEABLE, LIFE LONG LEARNER

<u>Unable to Evaluate</u>	<u>Unacceptable*</u>	<u>Intermittent</u>	<u>Consistent</u>	<u>Outstanding (top 5%)*</u>
Asks questions and integrates patient information with basic science information.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT-CENTERED, SKILLFUL CLINICIAN

<u>Unable to Evaluate</u>	<u>Unacceptable*</u>	<u>Intermittent</u>	<u>Consistent</u>	<u>Outstanding (top 5%)*</u>
Gathers a complete, relevant and accurate chief complaint and history.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs an appropriately focused and accurate physical examination.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interprets pertinent positive and negative findings accurately.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops a medically and culturally appropriate diagnostic and therapeutic plan.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents relevant information in a fluent, concise and organized manner.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CRITICAL THINKER/PROBLEM SOLVER

<u>Unable to Evaluate</u>	<u>Unacceptable*</u>	<u>Intermittent</u>	<u>Consistent</u>	<u>Outstanding (top 5%)*</u>
Accurately interprets and integrates clinical and diagnostic findings to form an appropriate differential diagnosis.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE COMMUNICATOR

<u>Unable to Evaluate</u>	<u>Unacceptable*</u>	<u>Intermittent</u>	<u>Consistent</u>	<u>Outstanding (top 5%)*</u>
Effectively listens and communicates with healthcare team in a timely manner.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively listens and communicates with patients and families.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveys compassion and respect in patient communications.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL

<u>Unable to Evaluate</u>	<u>Unacceptable*</u>	<u>Intermittent</u>	<u>Consistent</u>	<u>Outstanding (top 5%)*</u>
Is dutiful, arrives on time and stays until all tasks are completed.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes limitations, readily responds to feedback, and seeks assistance to improve.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays integrity and honesty in medical ability and documentations.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats all patients with respect and empathy.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values and respects all medical team members, including ancillary staff.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functions as a team member.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively seeks to educate self and team.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Any mark of Unacceptable or Outstanding requires comment.

Please provide justification for any rating of 'Unacceptable' or 'Outstanding' in the comment box below:

Select all the descriptive words that apply:

Abrasive	Altruistic	Apathetic	Arrogant	Attentive
Capable	Careful	Careless	Clear-thinking	Cocky
Compassionate	Conscientious	Considerate	Cooperative	Dependable
Disorganized	Efficient	Empathic	Entitled	Ethical
Focused	Friendly	Honest	Immature	Impatient
Inattentive	Inconsiderate	Indifferent	Inefficient	Inept
Intelligent	Irresponsible	Kind	Life-long learner	Logical
Mature	Obnoxious	Organized	Poised	Resourceful
Respectful	Responsible	Rude	Sarcastic	Sincere
Superficial	Tactful	Tactless	Team player	Thoughtful
Trustworthy	Undependable	Understanding	Unfriendly	Unintelligent
Wise				

Yes*

No

- | | | |
|--|--|--|
| <input type="checkbox"/>
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<input type="checkbox"/> | <input type="checkbox"/>
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<input type="checkbox"/> | The student arrived late more than once without explanation.
The student had an unexcused absence.
Course requirements were not completed on time.
Disregards role as a medical student in the health care setting (does not know or disregards limitations).
Do you have any reservations about this student becoming a physician? (please describe below)
Other areas for concern (please describe below) |
|--|--|--|

* Consider completing a Physicianship/Professionalism form for any concern or reservation.

Description of concern(s)/reservation(s):

If you answered “yes” to any of the questions above, please describe the *steps* you’ve taken to address your concern with the student:

How long (e.g. days/weeks) have you worked with this student? _____

Comments for Dean's Letter/Medical Student Performance Evaluation (MSPE). Please complete with observations/comments: (Use another page if necessary)

Specific feedback to student (not usually incorporated into the Dean's Letter):

Student's Strengths:

Areas for Improvement:

Did the student discuss his/her patient home visits with you? **Yes** **No**

What did you gain from the student's home visits?

Was this evaluation discussed with the student? **Yes** **No**

Preceptor's Name (printed): _____

Preceptor's Signature: _____ Date: _____

RETURN TO: Della DeLong, Student Coordinator, Medical University of South Carolina, Dept. of Family Medicine, 295 Calhoun St, MSC 192, Charleston, SC 29425 Phone#: 843-792-2431 Fax#: 843-792-3598