

Evaluation Form

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medhub

Clerkship Evaluation of Student

Evaluator: _____

Evaluation of: _____

Date: _____

1. How long did you work with this student?*

☐ Less than 4 hours

☐ 4 - 8 hours

☐ 1 - 3 days

☐ 3 - 7 days

☐ 1 - 2 weeks

☐ More than 2 weeks

2. Knowledge Base Description*

Not Directly Observed	Inadequate with little improvement with time.		Knows less than expected of student at this level.		Knows as much as expected of student at this level.		Knows more than expected of student at this level.		Has an extraordinary fund of knowledge for student at this level.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Knowledge Base Improvement*

Not Directly Observed	Unaware of knowledge deficiencies, does not accept feedback.		Accepts feedback but does not always correct deficiencies.		Accepts feedback and corrects knowledge deficiencies.		Independently assesses deficiencies and makes some effort to correct them.		Accurately defines deficiencies, successfully corrects them.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. History Gathering Skills*

Not Directly Observed	Inaccurate and disorganized. Gathers inadequate data.		Usually accurate, but less organized than most students at this level.		Generally accurate with most significant issues addressed.		All areas covered and better organized than most students at this level.		Precise, complete coverage of all areas with outstanding organization.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Physical Examination Skills*

Not Directly Observed	Consistently fails to do parts of the physical exam important to the case or consistently demonstrates unacceptable physical exam skills.		Usually complete but has problems with some aspects of the exam or misinterprets findings. More omissions than most students at this level.		Generally complete and accurate physical exam skills, can demonstrate aspects of exam when asked, often does not pick up on subtle findings.		Excellent skills, picks up on some subtle findings. Comfortable in demonstrating physical examination. Skills beyond most students at this level		Outstanding skills, correctly identifies all (including subtle) physical findings, knows what findings to expect and looks for these.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Oral Presentations*

Not Directly Observed	Very disorganized. Leaves out important data or gives incorrect information.		Lacks fluency; needs more help with organization than most students at this level.		Thorough, reasonably well organized		More concise and accurate than most students at this level.		Exceptionally fluent, pertinent and concise.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Written Notes and Differential Diagnosis

Please describe the student's written notes and ability to generate a differential diagnosis*

Not Directly Observed	Inaccurate and disorganized. Unable to define problems.		Organization consistently weaker and less accurate than most students at this level.		Organization at an acceptable level with information generally accurate.		Better organized and accurate than most students at this level.		Outstanding organization with systematic problem definition & complete differential.
0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Clinical Performance Comments

Please comment on the student's overall CLINICAL PERFORMANCE (Knowledge base, interview, history and physical exam skills, organization, case presentations, write ups, follow ups, progress notes, oral presentation): *

Not Directly	Inappropriate, often tardy, unreliable, dishonest, self-serving.		Less dependable than most students at this level.		Aware of professional position and responsibilities. Behavior		Professional at all times, pleasant to work with.		Unusually mature and professional. Always courteous
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	Observed		Often fails to follow through; assumes tasks with prodding. Inconsistent appearance. Sometimes late.		and appearance appropriate for level of training.		Appropriately accepts greater responsibility than most students at this level.		and reliable. A role model.	
	0	1	2	3	4	5	6	7	8	9
9. Professionalism*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Directly Observed	Resistant to feedback, with little or no improvement.		Accepts feedback but more passive than most students at this level.		Improves with feedback. Completes educational assignments.		More self-directed than most students at this level.		Seeks and create learning opportunities for self and others.
	0	1	2	3	4	5	6	7	8	9
10. Motivation and Attitude*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Directly Observed	Unable to form constructive relationships with patients. Some behaviors inappropriate.		Has more difficulty forming constructive relationships than most students at this level.		Generally able to form constructive relationships with patients.		Forms constructive relationships beyond most students at this level.		Consistently forms alliances with a range of patients individualized to their needs.
	0	1	2	3	4	5	6	7	8	9
11. Relationships with Patients*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not Directly Observed	Unable to work effectively with others.		Sometimes tactless. Needs help understanding teamwork.		Respects rights and needs of others. Generally exhibits teamwork.		Works more effectively with all members of health team, more so than do most students at this level.		Promotes harmony, anticipates and corrects potential problems. Exceptionally valued team member.
	0	1	2	3	4	5	6	7	8	9
12. Teamwork*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Personal and Professional Qualities Comments

Please comment on the student's PERSONAL AND PROFESSIONAL QUALITIES (Motivation, demeanor, psychosocial skills, relationships with patients and colleagues) *

14. Student's Integrity, Ethics, Sensitivity

☐ (select one)
☐ Yes
☐ Uncertain
☐ No

Have you seen anything that would lead you to question the student's integrity, ethics, or sensitivity to diversity?*

Comments:

15. Summary Comments *

16. Areas for Improvement Comments

Please describe areas for improvement. *

	Not Directly Observed	Unacceptable		Below average		Average - a competent medical student		Above average/ excellent		Top 5% of students I have ever worked with
	0	1	2	3	4	5	6	7	8	9
17. Student's Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based upon your interactions and observations, rate this student's overall performance compared to other students at the same level of training. Again, we expect that about 80% of students will fall in the 4-6 category range.*

18. Evaluation Shared with Student

☐ No
☐ Yes

Was the content of your evaluation shared with the student?*

Comments:

19. Please specify your level.*

- ☐ R1
- ☐ R2
- ☐ R3
- ☐ R4
- ☐ R5
- ☐ R6
- ☐ Nurse Practitioner
- ☐ Health Professional
- ☐ Fellow
- ☐ Team Attending
- ☐ Preceptor Rounds Attending