

Alternative MSTP Clinical Tutorial Evaluation Form

(Course Code MEDS 4010M)

To be completed by mentor and returned to student.

The student must return the form to the MSTP office.

It is acceptable to mark "Not Observed" if not assessed. Not all categories are required.

Student's Name _____ Dates of tutorial _____ - _____

Mentor's Name _____ Clinical Setting _____

Interpersonal and Communication Skills

Student attended all scheduled sessions

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Communicates effectively, empathically, and builds rapport with patients/families

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Communicates effectively, emphatically, and builds rapport with colleagues in a professional setting

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Medical Knowledge

Basic science knowledge

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Clinical knowledge

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Professionalism

Exhibits behaviors that demonstrate integrity

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Exhibits behaviors that demonstrates compassion

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Exhibits evidence of self-directed learning

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Accepts instruction and feedback

Exceeds		Meets		Beneath		Not observed
5	4	3	2	1	0	

Additional Comments:

Mentor Signature: _____ Date: _____

Please sign and return to student.

Student may email the completed form to mstp@case.edu, or bring it to SOM T401.