

PAST 501 - Clinical Residency – Family Medicine Evaluation of Student Performance

Student _____

Evaluator name and credentials _____

Assessment Levels

- **Honors:** Consistently performs skill at professional level. Seldom requires supervision.
- **Commendable:** Performs at proficient level. Occasionally requires guidance.
- **Satisfactory:** Needs direction but appears to be on-track to be ready for practice at graduation
- **Unsatisfactory:** Performance is inconsistent. Requires frequent direction.
- **Not Assessed:** Insufficient opportunity to assess the student in skill area

Please assess the student's competency for their level of training.	H	C	S	U	NA
Elicits a comprehensive history from patients of any age	___	___	___	___	___
Performs the appropriate physical examination of a patient	___	___	___	___	___
Identifies, orders, performs and/or interprets routine diagnostic studies	___	___	___	___	___
Formulates appropriate differential diagnoses	___	___	___	___	___
Prepares a problem list	___	___	___	___	___
Able to form and monitor patient management plans.	___	___	___	___	___
Recommends / prescribes medications or other therapy for the treatment of patients	___	___	___	___	___
Performs diagnostic and/or therapeutic procedures	___	___	___	___	___
Records pertinent patient data	___	___	___	___	___
Demonstrates effective oral communication	___	___	___	___	___
Instructs and counsels patients	___	___	___	___	___
Arranges appropriate patient referrals and follow-up	___	___	___	___	___
Applies critical and creative thinking skills	___	___	___	___	___
Demonstrates initiative for learning	___	___	___	___	___
Incorporates efficient time management and organization	___	___	___	___	___
Displays respectful behaviors when interacting with patients and diversity	___	___	___	___	___
Displays empathy and respect in patient and team interactions	___	___	___	___	___
Understands role on the interprofessional healthcare team	___	___	___	___	___
Accepts feedback and adapts behavior(s) appropriately	___	___	___	___	___
Knows limitations and acts responsibly	___	___	___	___	___
Follows through on patient care and tasks	___	___	___	___	___
The student was adequately prepared for this rotation.	___	Yes	___	No	Please provide comment for a "No" response.
The student has achieved the program's learning outcomes expected of students for the PAST 501 - Clinical Residency - Family Medicine course.	___	Yes	___	No	
The student has met the program's expectations of 36 – 40 hours per week.	___	Yes	___	No	

Comments

Overall grade for rotation: ___ Honors ___ Commendable ___ Satisfactory ___ Unsatisfactory

Evaluator signature

Date

Student signature

Date