Edward Via College of Osteopathic Medicine
VIRGINIA • CAROLINAS
AUBURN

4th Year Preceptor Evaluations

Printed Student Name: _____ Start Date: _____ End Date: _____

Printed Preceptor Name and Degree: _____ Discipline: _____

The below performance ratings are designed to evaluate a student engaged in their 4th year of clinical rotations which corresponds to their first year of full time clinical training.

Unacceptable – performs below the expected standards for the second year of clinical training (OMS4) despite feedback and direction
Below expectations – performs below expectations for the second year of clinical training (OMS4). Responds to feedback and direction but still requires maximal supervision, and continual prompting and direction to achieve tasks
Meets expectations – performs at the expected level of training (OMS4); able to perform basic tasks with some prompting and direction
Above expectations – performs above expectations for their second year of clinical training (OMS4); requires minimal prompting and direction to perform required tasks
Exceptional – performs well above peers; able to model tasks for peers or juniors, of medical students at the OMS4 level

Place a check in the appropriate column to indicate your rating for the student in that particular area.

Area of Evaluation - Communication						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Effectively listen to patients, family, peers, & healthcare team.	☐	☐	☐	☐	☐	☐
2. Demonstrates compassion and respect in patient communications.	☐	☐	☐	☐	☐	☐
3. Effectively collects chief complaint and history.	☐	☐	☐	☐	☐	☐
4. Considers whole patient: social, spiritual & cultural concerns.	☐	☐	☐	☐	☐	☐
5. Efficiently prioritizes essential from non-essential information and presents cases in an accurate, concise and well organized manner	☐	☐	☐	☐	☐	☐
6. Assures patient understands instructions, consents & medications.	☐	☐	☐	☐	☐	☐

Area of Evaluation – Problem Solving						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Identifies important questions and separates data in organized fashion organizing positives and negative.	☐	☐	☐	☐	☐	☐
2. Discerns major from minor patient problems.	☐	☐	☐	☐	☐	☐
3. Formulates a differential identifying most common or likely diagnoses.	☐	☐	☐	☐	☐	☐
4. Identifies indications for & applies findings from the most common radiographic and diagnostic tests.	☐	☐	☐	☐	☐	☐

5. Identifies correct management plan considering contraindications & interactions.	☐	☐	☐	☐	☐	☐

Area of Evaluation – Clinical Skills						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Assesses vital signs & triages patient according to degree of illness.	☐	☐	☐	☐	☐	☐
2. Performs an appropriate HEENT exam and identifies pertinent findings and abnormalities.	☐	☐	☐	☐	☐	☐
3. Performs an appropriate cardiopulmonary exam, including auscultation, and identifies pertinent findings and abnormalities.	☐	☐	☐	☐	☐	☐
4. Performs an appropriate gastrointestinal / abdominal exam, including auscultation and palpation, and identifies pertinent findings and abnormalities.	☐	☐	☐	☐	☐	☐
5. Performs an appropriate neurologic exam and identifies pertinent findings and abnormalities.	☐	☐	☐	☐	☐	☐
6. Performs a thorough physical exam pertinent to the patient's chief complaint	☐	☐	☐	☐	☐	☐

Area of Evaluation - OMM						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Applies osteopathic manipulative medicine successfully when appropriate.	☐	☐	☐	☐	☐	☐

Area of Evaluation – Medical Knowledge						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Can identify & correlate anatomy, pathology and pathophysiology related to most disease processes.	☐	☐	☐	☐	☐	☐
2. Self-motivated learner demonstrating interest and enthusiasm about patient cases.	☐	☐	☐	☐	☐	☐
3. Thorough & knowledgeable in researching evidence based literature.	☐	☐	☐	☐	☐	☐
4. Actively seeks feedback from preceptor on areas for improvement.	☐	☐	☐	☐	☐	☐
5. Correlates patient findings with the most common diagnoses.	☐	☐	☐	☐	☐	☐
6. Identifies and understands treatments for common presenting diseases and conditions.	☐	☐	☐	☐	☐	☐

Area of Evaluation – Professional & Ethical						
Question	**Unacceptable**	**Below Expectations**	**Meets Expectations**	**Above Expectations**	**Exceptional**	**N/A**
1. Is dutiful, arrives on time, stays until all tasks are complete and follows through on patient care responsibilities	☐	☐	☐	☐	☐	☐
2. Accepts feedback and acknowledges errors. Readily responds to feedback, seeks to improve performance and is not resistant to advice.	☐	☐	☐	☐	☐	☐
3. Assures professionalism in relationships with patients, staff, & peers.	☐	☐	☐	☐	☐	☐
4. Displays integrity & honesty in medical ability and documentation.	☐	☐	☐	☐	☐	☐
5. Is well prepared for and seeks to provide high quality patient care.	☐	☐	☐	☐	☐	☐
6. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner.	☐	☐	☐	☐	☐	☐

Comments: Please note that preceptor comments may be included in the student's Dean's Letter

Please identify the areas where the student has shown the greatest strengths.

Please identify areas for the student to focus on to improve their clinical performance.

Please verify if this evaluation was completed by (please check one):

- ☐ **Consensus**
- ☐ **Individual preceptor**

Physician Information Section:
The following information must be completed ***in full*** in order for the student to receive credit for his/her rotation. The information is also required for the physician to receive Continuing Medical Education credit for precepting.

Please Print:

First Name: _____
Last Name: _____
Name of Practice or Hospital: _____
Region: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____
Phone: _____

Please indicate:
D.O. ☐ M.D. ☐

AOA number if D.O.: _____

Preceptor Signature: _____ Date: _____