

Office of Academic Affairs Northern Boulevard Old Westbury, NY 11568

Phone: 516-686-3980 Fax: 516-686-3833

2015-16 STUDENT PERFORMANCE EVALUATION FORM Only one form, with COMPOSITE GRADE & COMMENTS should be submitted to NYITCOM.

COURSE #: STUDENT:,CLASS YEAR: FACILITY:								
ROTATION ROTATION DATES: _/_ /to _/_ /								
EVALUATOR: TITLE:								
Number of Days Student Was Absent From Rotation:								
A. Comment on Student's unique "Strengths"								
B. Comment on Student's Opportunities for Improvement								
C. Please evaluate in context of the student's level of training by selecting the appropriate number. If you cannot evaluate, please select N/A.								
Definitions for Evaluation Ratings: For any rating below 3 or above 6, please elaborate in your comments.								
1-2. Unsatisfactory: Major deficits in this competency—requires remediation.3-4. Marginal: Some deficits, but meets minimal standards in this competency.								
5.Good: Meets normative expectations for this competency. Typical of the majority of students.								
6.Very Good: Consistently exceeds expectations for this competency.7.Excellent: Exceptional student. Far exceeds expectations for this competency. Consistently excellent.								
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PATIENT CARE:								

Assessed Skills:

- •Conducts a complete H&P and formulate a differential diagnosis.
- •Presents a case in a logical, coherent manner.
- •Formulates an appropriate patient centered management plan.



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STUDENT:,,	C	CLASS YEAR:			FACILITY:					
Last name Firs	t Name									
MEDICAL KNOWLEDGE:			□1	□2	□3	□4	□5	□6	□7	□N/A
Assessed Skills:										
 Demonstrates critical thinking skills, and applies knowledge of disease mechanisms. Integrates Osteopathic Philosophies with basic & clinical Sciences. 										
•Demonstrates knowledge of curriculum areas through clinical activities, lectures, & assigned readings.										
Demonstrates knowledge of curr	calain areas tine	agii ciiii	icai ac	Millioc	, 10010	1100, 0	x assig	jilou it	Jaamig	J.
PRACTICE-BASED LEARNING & IMP	ROVEMENT:		□1	□2	□3	□4	□5	□6	□7	□N/A
Assessed Skills:										
 Incorporates feedback into self-in 	-									
•Applies clinical research evidence by utilizing EBM.										
•Demonstrates ability to write concise H&P forms, and utilizes EMR records, where applicable.										
PROFESSIONALISM:			□1	□2	□3	□4	□5	□6	□7	□N/A
Assessed Skills:										
•Demonstrates high moral & ethical standards.										
•Demonstrates responsibility in demeanor, conversation, and appearance.										
•Sets patient care as the highest p	riority in the clini	ical settii	ng.							
SYSTEMS-BASED PRACTICE:			□1	□2	□3	□4	□5	□6	□7	□N/A
Assessed Skills:										
 Demonstrates awareness & responsiveness to Health Care Systems. Identifies and integrates system resources for optimum patient care. 										
•Serves as a positive collaborator	-	-		are.						
correct as a positive conaborator	milen wenting in	a tourn.								
INTERPERSONAL & COMMUNICATION	ON SKILLS:		□1	□2	□3	□4	□5	□6	□7	□N/A
Assessed Skills:										
 Develops effective and supportive therapeutic relationships with patients and families. 										
•Demonstrates ability to be respectful, compassionate, attentive, patient, & empathetic.										
 Presents coherent and succinct p 	resentations to c	annicai si	upervi	sors.						
OSTEOPATHIC MANIPULATIVE MED	ICINE:		□1	□2	□3	□ 4	□5	□6	□7	□N/A
Assessed Skills:										
 Demonstrates appropriate application of Osteopathic Principles and Practice. 										
•Identifies opportunities to apply OMM in the clinical setting.										
•Accounts for the whole person, a	s well as structur	e & fund	tion, ii	n patie	ent car	e.				
OVERALL EVALUATION	SCORE:	□1	□2		3 🗆	4 [⊒ 5	□6	□7	
Evaluator Signature:				ate: _						
Student Signature:				ate:						
DME Signature (if applicable)				ate: _		′				
For Office Use: COMAT Score Absence Total	Final	Course	Grade	1						