

Drexel University College of Medicine
Final Student Performance Evaluation – Clinical Elective

Student Name: _____ Evaluator Name: _____

Course Number: _____ Course Name: _____ Location: _____ Dates: _____

Method of Evaluation: Individual Consensus Conference Composite

(if Consensus Conference or Composite is checked, please list the names of the faculty and residents who contributed to this evaluation)

Please evaluate each item listed below. Check the box that most closely matches your estimation of the student's performance. Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training, including the time of year and the student's rotation sequence. **Comments are required for any item marked "Below Expected" or "Unacceptable".** Comments are encouraged for all other categories.

U = Unacceptable B = Below Expectations M = Meets Expectations E = Exceeds Expectations F = Far Exceeds Expectations

N = No Y = Yes

NA = Not Applicable NO = Not Observed

U	B	M	E	F	NA	NO	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I. Patient Care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. History Taking
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Patient Exam
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C. Development of a Sound Management Plan
U	B	M	E	F	NA	NO	II. Medical Knowledge
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Demonstrates Basic Knowledge of Structure and Function in the Context of Health and Disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Identifies Social, Economic, Psychological, and Cultural Factors that Contribute to Health and Disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C. Uses Clinical Reasoning to Interpret Data (History, Physical Exam, Diagnostic Tests, etc.) and Develop a Differential Diagnosis
<input type="radio"/>	N			<input type="radio"/>	Y	<input type="radio"/>	D. Perform Common Technical Procedures Accurately and Safely
U	B	M	E	F	NA	NO	III. Practice-Based Learning and Improvement
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Identifies Strengths & Weaknesses in Knowledge & Skills and Demonstrates the Ability to Respond to Constructive Feedback
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Seeks Opportunities for Self-Directed Learning, Including Evidence-Based Practice
U	B	M	E	F	NA	NO	IV. Interpersonal and Communication Skills
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A. Communicates Effectively with Patients and Families Across a Broad Range of Cultural Backgrounds
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	B. Communicates Well with All Members of the Healthcare Team
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C. Written Documentation (including Admission Notes, Progress Notes, Procedure Notes, Outpatient Notes, etc.) is Thorough, Organized and Accurate
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	D. Oral Presentation of the Patient
U	B	M	E	F	NA		V. Professionalism
<input type="radio"/>	N			<input type="radio"/>	Y	<input type="radio"/>	A. Demonstrates Honesty and Integrity in All Interactions with Patients, Families, Colleagues, and Other Professional Contacts
<input type="radio"/>	N			<input type="radio"/>	Y	<input type="radio"/>	B. Maintains Patient Confidentiality
<input type="radio"/>	N			<input type="radio"/>	Y	<input type="radio"/>	C. Demonstrates Professional Image in Behavior and Dress
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	D. Demonstrates Reliability and Responsibility in All Interactions with Patients, Families, Colleagues, and Other Professional Contacts
					NA	NO	VI. Systems-Based Practice
<input type="radio"/>	N			<input type="radio"/>	Y	<input type="radio"/>	A. Knows How to Coordinate Patient Care including Inpatient, Outpatient and Community Resources

Mid-Rotation Feedback: Formative feedback given during rotation Yes No Date formative feedback was given: _____

Strengths and Weaknesses of the Student (for planning student's further study):	Summary Comments (may be used in Dean's Letter):

FINAL COURSE GRADE: H (Honors) HS (Highly Satisfactory) S (Satisfactory) MU (Marginally Unsatisfactory) U (Unsatisfactory)
(two week electives must grade S [Satisfactory] or U [Unsatisfactory] only)

 Print name of individual completing this evaluation

 Signature

 Date completed