Clinical Performance MIDTERM Evaluation

Rotation Number:_____Rotation Name: _____ Rotation Dates:_____

Student: _____ Preceptor: _____ Date of Evaluation; _____

Please evaluate the student's performance and review with the student. *Please comment on any "Unsatisfactory" and call 445-4701 if any "Dangerous" behaviors are observed.*

Please call the program at any time with questions or concerns. The number is 315-445-4701. **FAX: 315-445-4602.**

STUDENT MUST SUBMIT VIA BLACKBOARD

Number	Area Assessed	Exemplary (E)	Satisfactory (S)	Needs Improvement (NI)	Unsatisfactory (U)	Not Observed (NO)
1	**History Taking Skills** **Expectation**: History is comprehensive, elicits important information and student is able to specify and follow up on findings. **Comments:**					
2	**Physical Examination** **Expectation**: Exam is thorough and precise. Follows logical sequence. Technically efficient and sound. **Comments:**					
3	**Verbal Presentation Skills** **Expectation**: Polished communication skills. Able to explain findings completely and succinctly. Presentation of information orderly and concise. **Comments:**					
4	**Documentation/Writing Skills** **Expectation**: Notes are well written, precise and thorough. Problems and progress are noted promptly and with adequate explanation. **Comments:**					
5	**Diagnostic Test Skills** **Expectation**: Demonstrates broad base of knowledge of both routine and special diagnostic tests. Able to interpret tests correctly. **Comments:**					
6	**Technical Skills** **Expectation:** Demonstrates proficiency in various medical procedures. **Comments:**					
7	**Clinical Judgment** **Expectation:** The ability to integrate data is comprehensive. Understands and identifies problems and priorities readily. Ability to problem-solve and demonstrates critical thinking. **Comments:**					
8	**Knowledge of Medicine** **Expectation:** Recalls broad base of factual knowledge and concepts. Readily relates it to cases. **Comments:**					

#	Area Assessed	E	S	NI	U	NO
9	**Assessment/Differential Diagnosis** **Expectation:** Ability to develop a differential diagnosis. **Comments:**					
10	**Management skills** **Expectation:** Therapeutic program is thorough. Treatment plans are appropriate and implemented properly. Develops follow-up plans and suggests alternative plans as appropriate. Educates patient regarding management plan. **Comments:**					
11	**Communication With Patients and Other Healthcare Professionals** **Expectation:** Demonstrates respect for and cooperates well with all patients, staff, etc. Communicates effectively with patients, families, staff, and healthcare professionals. Demonstrates active listening with all types of patients; confirms patient comprehension and re-approaches as required. Demonstrates a positive attitude. **Comments:**					
12	**Professional Behavior** **Expectation:** Appearance/actions are appropriate. Student is dependable, and demonstrates initiative and integrity. Work is completed in a timely fashion. Projects confidence in patient relations. Is open and responsive to feedback. **Comments:**					
13	**Self Assessment and Self-Directed Learning** **Expectation:** Student recognizes gaps or deficiencies in knowledge or skills and seeks appropriate resources to improve knowledge and skills. Recognizes limits and does not exceed them in patient management. **Comments:**					
14	**Practice-based Learning** **Expectation:** Ability to utilize scientific evidence methods to investigate evaluate, and improve patient care. **Comments:**					
15	**Overall Improvement & Growth** **Expectation:** Demonstrated growth throughout course of rotation by incorporating what was seen / taught and applying it. **Comments:**					

Please note the total number of absences: _____ Preceptor signature: _____ Date: _____

Please call the program **Clinical Coordinator at 315 445-4701 or the program office at 315-445-4745 if the student demonstrates any of the following problem behaviors:**

1. **Absenteeism**: repeated absence or tardiness from activities, lateness, not available for rounds or conferences.
2. **Falsification** of records.
3. **Breach** of patient confidentiality.
4. **Impersonation** of a Physician Assistant/Doctor or other health care provider.
5. **Dangerous Behaviors** or Orders, i.e. overestimates abilities, proceeds without adequate supervision/feedback.

Additional Comments: