

**USU-SOM STUDENT PERFORMANCE EVALUATION
Family Medicine Elective**

Name: _____ **Block Number** _____

_____ **From:** _____ **at:** _____
 Title Date Location Course #

AREAS OF PERFORMANCE

1 2 3 4 5 6

1. Medical Knowledge
2. Quality of patient histories, physical examinations, and records.
3. Ability to analyze data, formulate appropriate problem list.
4. Use of references to expand his/her understanding of problems.
5. Skill in oral case presentation (brevity, organization, focus on importance elements).
6. Facility in performing technical procedures.
7. Professional demeanor, including maturity, balance of humor and seriousness and ethical conduct.
8. Interpersonal relationships with staff, peers and patients.
9. Demonstration of commitment to responsibility for and involvement in learning patient care, including attendance, promptness and availability.

RATINGS

- *1. OUTSTANDING: indicates exceptional performance considering the student's level of training.
- 2. ABOVE AVERAGE: exceeds expected level of performance based on student's level of training.
- 3. ACCEPTABLE: meets expected level of performance for the student's level of training.
- *4. NEEDS IMPROVEMENT: has not yet demonstrated the expected level of performance, but has shown potential to do so.
- *5. UNACCEPTABLE: has not yet demonstrated the expected level of performance or the potential to do so in spite of counseling on this deficiency.
- 6. NOT OBSERVED: to be used only in instances where there is no basis on which to rate the student on that area of performance.

* Rating must be justified with specific description of performance

Narratives Description of Overall Performance (Required for all students)

Clerkship Grade: Pass Fail

Yes No

This report has been discussed with the student.

Supervisor Signature & Title Date

A copy of this report has been provided to student.

USU Post-Core Clerkship Director Date