

**USUHS-SOM STUDENT PERFORMANCE EVALUATION
Advanced Clinical Rotation/Sub-Internship**

Name _____

BLOCK NO: _____

Rotation Title _____ Rotation from _____ to _____ at _____ Course # _____
(date) (date) (location)

Please circle: Advanced Clinical Rotation/Sub-Internship

AREAS OF PERFORMANCE (Ratings defined below)

	1.	2.	3.	4.	5.	6.
• Quality of patient histories, physical examinations, and records.	<input type="checkbox"/>					
• Ability to analyze data, formulate appropriate problem lists/differential diagnoses, and make clinical judgments.	<input type="checkbox"/>					
• Use of textbooks and journals to expand his/her understanding of problems, conditions and procedures involving assigned patients.	<input type="checkbox"/>					
• Skill in oral case presentation (brevity, organization, focus on important elements).	<input type="checkbox"/>					
• Facility in performing technical procedures.	<input type="checkbox"/>					
• Professional demeanor, including maturity, balance of humor and seriousness, and ethical conduct.	<input type="checkbox"/>	N/A				
• Interpersonal relationships with staff, peers and patients.	<input type="checkbox"/>	N/A				
• Demonstration of commitment to, responsibility for, and involvement in learning and patient care, including attendance, promptness, and availability.	<input type="checkbox"/>	N/A				

RATINGS

1. ***OUTSTANDING** - Indicates exceptional performance considering the student's level of performance.
2. **ABOVE AVERAGE** - Exceeds expected level of performance based on student's level of performance.
3. **ACCEPTABLE** - Meets expected level of performance for the student's level of training. (The great majority of students will be in this category.)
4. ***NEEDS IMPROVEMENT** - Has not yet demonstrated the expected level of performance, but has shown the 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 the 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.

OUTSTANDING, NEEDS IMPROVEMENT, and UNACCEPTABLE ratings must be justified with specific descriptions of exceptional or inadequate performance.

EVALUATION OF FUND OF KNOWLEDGE (indicate assessment methods(s) and scores, or narrative description).

NARRATIVE DESCRIPTION OF OVERALL PERFORMANCE (required for all students).

GRADE (Honors/Pass/Fail if Sub-I; Pass/Fail if elective): _____

	<u>Yes</u>	<u>No</u>
This report has been discussed with the student.	<input type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been provided to the student.	<input type="checkbox"/>	<input type="checkbox"/>

Signature Date

Title