

## Evaluation of Student Performance

Student: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Preceptor (First Last, Degree): \_\_\_\_\_

Rotation Name and Location (Institution and City): \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 509-249-7990**

If you have any questions or you would prefer to complete this evaluation online, please email [rotations@pnwu.edu](mailto:rotations@pnwu.edu) and we will set you up to submit evaluations electronically using E\*Value.

Thank you for participating in the training of this future physician. We recognize and value the contributions that our Adjunct Clinical Faculty make in this process. Both D.O. and M.D. preceptors should evaluate the student's performance based on their own training and expectations. Assessment of uniquely osteopathic principles and practices should similarly be based on each preceptor's educational background and training. Students will be given access to their evaluations after they have been submitted, in order to allow them an opportunity to review your assessment.

**Please comment for ratings of "Strongly Disagree" in "Formative Comments" section at end of evaluation.**

### Osteopathic Principles and Practice (OPP) and Osteopathic Manipulative Treatment (OMT)

*Candidates must be able to demonstrate knowledge of osteopathic principles and practice, and to demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
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### Patient Care

*Provide patient-centered care that is culturally responsive, compassionate, and appropriate for the effective treatment of illness and promotion of health.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
How many times did you directly supervise the student's performance of a history and physical?	>5 <input type="checkbox"/>		3-4 <input type="checkbox"/>		1-2 <input type="checkbox"/>		0 <input type="checkbox"/>

### Medical Knowledge

*Demonstrate an understanding and application of the evolving osteopathic, biomedical, clinical, epidemiological, biomechanical, and cognate (e.g., epidemiological and social-behavioral) sciences to optimize patient care.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
Please indicate the basis on which you arrived at your evaluation:	Workshop/Clinic <input type="checkbox"/>	Didactics <input type="checkbox"/>	Presentations <input type="checkbox"/>	Rounds <input type="checkbox"/>	Other (specify in comments) <input type="checkbox"/>		

Comments: \_\_\_\_\_

**Practice-Based Learning and Improvement**

*Demonstrate the ability to continuously evaluate patient care practices, scientific evidence and personal beliefs and biases as they relate to improving the care of patients and optimizing patient outcomes.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
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**Interpersonal and Communication Skills**

*Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, allied health care providers, staff, and colleagues, to optimize patient outcomes.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
How many situations did you observe this student interacting with patient and family?	>5 <input type="checkbox"/>		3-4 <input type="checkbox"/>		1-2 <input type="checkbox"/>		0 <input type="checkbox"/>

**Professionalism**

*Demonstrate a commitment to the highest standards of professional responsibilities, adherence to ethical principles and cultural responsiveness to diverse beliefs and customs.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
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**Systems-Based Practice**

*Effectively utilize available health care system resources to provide optimal health care to the individual patient and local and global communities.*

The student's performance was appropriate for his/her level of training.	Strongly Agree <input type="checkbox"/>	Moderately Agree <input type="checkbox"/>	Slightly Agree <input type="checkbox"/>	Slightly Disagree <input type="checkbox"/>	Moderately Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>	Insufficiently Able to Judge <input type="checkbox"/>
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**Summative Comments: Performance during rotation - Comments for use in the Dean's MSPE/sent to residency programs**

**Formative Comments: Areas for improvement and growth - Not for use in the Dean's MSPE - if there is a pattern across clerkships, the pattern may be addressed by the Dean in the MSPE but will not include specific evaluator comments.**

In my opinion, the student successfully completed the expectations for this rotation as outlined in the syllabus:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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*My signature is my symbol and intent of authentication where I willingly signed, understood, and adopted this document.*