

AY 2023-2024 Clinical Rotation Evaluation

Please Note: this form must be completed and signed by the ATSU-SOMA credentialed preceptor for record for the rotation. Thank you.

To submit Preceptor **CME Credit**, please visit the following link: http://www.atsu.edu/soma/cme/preceptor_credit.asp

Student's Name: _____

Preceptor's Name: _____

Rotation: _____

Rotation Facility: _____

Start Date: _____ End Date: _____

Date of Evaluation: _____

Preceptor Instructions:

- As a point of reference, please compare the student's performance to other medical students you've worked with in the same year/level of training.
- The preceptor is encouraged to seek input from other licensed professionals who worked with the student during this rotation.
- Responses 1-7 are used to track student development and provide formative feedback for future growth and success.
- Response 8 serves as a basis for the clinical portion of the grade**, which factors into the final course grade issued by ATSU-SOMA.
- Marking fail in an assessment category requires comments be included on page 2 so that an ATSU-SOMA representative can follow up with the student.
- In the event a student fails the overall clinical rotation, they will be placed with the same preceptor for remediation.

Thank you for completing this form. We appreciate your time and dedication to educating tomorrow's osteopathic physicians!

ASSESSMENT of STUDENT DEVELOPMENT Formative Feedback Section

	FAIL Does not meet this expectation	DEVELOPING Sometimes meets this expectation	COMPETENT Consistently meets this expectation	PROFICIENT Exceeds this expectation	Does Not Apply
1. Medical Knowledge					
Demonstrates knowledge of common acute and chronic conditions including primary signs and symptoms, diagnostic tests, treatments & medications, appropriate to the level of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of this rotation specific topics appropriate to the level of training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clinical Skill and Osteopathic Patient Care					
Demonstrates reliable interpersonal and history taking skills, performs a systematic physical examination pertinent to the clinical concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepares for and performs basic procedural skills as a physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates diagnostic skills and develops a differential diagnosis and plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Interpersonal & Communication Skills					
Demonstrates a well-organized, concise oral case presentation to faculty and other trainees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates effectively with the inter-professional healthcare team, patients and families using explanations and counseling in regard to patient's medical care, questions and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. System Based Practice Objectives					
Demonstrates knowledge of health delivery systems that affect the practice of an osteopathic physician including the utilization of resources and access to health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to implement safe, effective, timely, patient-centered and equitable systems of care in team-oriented environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Practice Based Learning and Improvement					
Accepts responsibility for self-directed learning. Communicates an expanding knowledge base throughout the rotation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizes evidence-based medicine and demonstrates appropriate use of technological resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Osteopathic Principles and Practice

Demonstrates knowledge of osteopathic principles and practice in a clinical setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates osteopathic palpatory skills, diagnosis, and/or manipulative treatment/techniques.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Professionalism

Presents oneself in a professional manner; is present & punctual as scheduled, neat in appearance, demonstrates respect for self & others, altruism for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admits errors and takes steps to prevent recurrence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts & implements feedback for performance improvement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates cultural sensitivity & awareness during all interactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASSESSMENT of STUDENT PERFORMANCE

Summative/Graded Section

8. Preceptor Rating of Overall Student Performance

Read the descriptions in each column. Select the **ONE** column that **best** describes the student's overall performance.

Fail	Pass	High Pass	Honors
<p>Student performance is unprofessional, unethical, or well below average</p>	<p>Student performance is average; requires additional work in some areas</p>	<p>Student performance is higher than average</p>	<p>Student performance is advanced; approaching next level/year of training</p>
<p>Student cannot be relied upon, is routinely inconsistent or fails to meet expectations.</p> <p>A student at this level of training may demonstrate actions that place patients at risk, unprofessional conduct, lack of judgement/ethics, or communication skills.</p> <p>Requires a higher-than-expected level of active supervision when performing basic clinical tasks.</p> <p>Compared to other students I've worked with in this year of training, the student's performance is consistently below average.</p>	<p>Student can be relied upon to meet expectations but may be inconsistent at times.</p> <p>A student at this level of training can make decisions independently based on needs supportive of & frequent guidance. Demonstrates developing clinical skills, knowledge, and professional behaviors.</p> <p>Requires a reasonable level of active supervision when performing basic clinical tasks.</p> <p>Compared to other students I've worked with in this year of training, the student's performance is consistently average.</p>	<p>Student can be relied upon to consistently meet expectations.</p> <p>A student at this level of training applies knowledge & makes efficient decisions with fewer cues & minimal guidance. Demonstrates reliably professional behavior.</p> <p>Requires a less than expected level of active supervision when performing basic clinical tasks.</p> <p>Compared to other students that I've worked with in this year of training, the student's performance is consistently above average.</p>	<p>Student can be relied upon to consistently exceed expectations.</p> <p>A student at this level of training can apply knowledge to complex patient cases & perform without cues or direct guidance. Demonstrates the highest level of professional behavior.</p> <p>Requires minimal active supervision when performing basic clinical tasks.</p> <p>Compared to other students I've worked with in this year of training, the student's performance is consistently exceptional.</p>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Summative Comments: Medical Student Performance Evaluation (WILL be included in the MSPE/residency application): please summarize key aspects of student's performance, give examples that highlight student's attitude/behavior, clinical skills, and unique attributes.

2. Formative Feedback (WILL NOT be included in the MSPE/residency application): please give specific examples of opportunities for improvement and future learning. *Note: if Fail was marked on any assessment category comments are required here.*

3. Please mark the Top 3 words that describe this student:

- Attentive Capable Considerate Cooperative Conscientious Dependable Efficient Friendly Honest
 Intelligent Logical Mature Organized Poised Resourceful Sincere Thorough Understanding N/A

Basis for completing evaluation:

1. Do you have a conflict of interest in evaluating the student such as provided health care, psychiatric care, psychological counseling for this student or other academic conflict? I do not have a conflict of interest I have a conflict of interest

FERPA Agreement – please indicate whether you agree to the following:

Consistent with the requirements of The Family Educational Rights and Privacy Act (FERPA) I understand that I will not communicate information regarding a student’s grades or evaluation with anyone other than the student and authorized individuals at SOMA.

2. Agree Disagree For additional information, please visit: http://www.atsu.edu/registrar/ferpa/ferpa_policy.htm

3. Information for completing this student performance evaluation was received from (please check all that apply):

- Self (preceptor of record)
 Other: Attending physician(s)
 Other: Resident physician(s)
 Other (please specify): _____

4. Did student have access to EMR/EHR? Yes No

5. If yes, to review to document

Authorizing Signature: I certify that I have interacted with this student in a clinical and/or educational setting.

Preceptor’s Name Printed _____ Date _____

Preceptor’s Signature: *(If resident must be signed by Attending Physician)* _____

Evaluation Return Instructions:

Clinical rotation evaluations may be sent to preceptors via email and completed online if the student has been provided an accurate email address. In this case, a paper copy does not need to be returned to the school.

Return by Mail: somaevaluations@atsu.edu

Return by Fax: (888) 678-5211

Return by Mail:

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Department
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