Clinical Rotation Evaluation

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

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 Email:** somaevaluations@atsu.edu

**Return by Fax:** (888) 678-5223

**Return by Mail:**
A.T. Still University – SOMA Clinical Education Department
5850 E. Still Circle, Mesa, AZ 85206

**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 anything about a student’s grades or evaluation with anyone besides the student and authorized individuals at SOMA.

Agree ☐ Disagree ☐

For additional information, please visit: [http://www.atsu.edu/registrar/ferpa/ferpa_policy.htm](http://www.atsu.edu/registrar/ferpa/ferpa_policy.htm)

### Medical Knowledge: (Preceptor to fill out)

<table>
<thead>
<tr>
<th></th>
<th>Consistently Fails to Meet Expectations</th>
<th>Inconsistently Meets Expectations</th>
<th>Meets Most Expectations</th>
<th>Consistently Meets Expectations</th>
<th>Consistently Exceeds Expectations</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates knowledge of common acute and chronic conditions including their main signs and symptoms, diagnostic tests, and treatment including medication appropriate to the level of training.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Demonstrates knowledge of the rotation specialty appropriate to the level of training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Clinical Skills and Osteopathic Patient Care: (Preceptor to fill out)

<table>
<thead>
<tr>
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<th>Meets Most Expectations</th>
<th>Consistently Meets Expectations</th>
<th>Consistently Exceeds Expectations</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Demonstrates accurate interviewing skills, taking a history pertinent to the clinical condition.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Accurately performs systematic physical examinations pertinent to the clinical presentation.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Properly prepares for and performs clinical tasks and procedures.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Interpersonal & Communication Skills: (Preceptor to fill out)

<table>
<thead>
<tr>
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<th>Does Not Apply</th>
</tr>
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<tbody>
<tr>
<td>6. Demonstrates a well-organized, concise case presentation to faculty and other trainees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Demonstrates ability to provide information to patient and family by communicating clear explanations and counseling with regard to patient’s medical care, questions, and concerns.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
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### Professionalism: (Preceptor to fill out)

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<th>Consistently Meets Expectations</th>
<th>Consistently Exceeds Expectations</th>
<th>Does Not Apply</th>
</tr>
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<tbody>
<tr>
<td>8. Presents oneself in a professional manner, is punctual, neat in appearance, and exhibits respect for others and altruism for patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Maintains appropriate professional boundaries with patients and staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Admits errors and takes steps to prevent recurrence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Demonstrates cultural sensitivity and awareness during patient encounters.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### System Based Practice Objectives: (Preceptor to fill out)

<table>
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<tr>
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<tr>
<td>12. Demonstrates knowledge of health delivery systems that affect the practice of an osteopathic physician and how delivery systems influence the utilization of resources and access to health care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Demonstrates the ability to implement safe, effective, timely, patient-centered and equitable systems of care a in team-oriented environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Practice Based Learning and Improvement: *(Preceptor to fill out)*

<table>
<thead>
<tr>
<th>Section</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Does nightly readings on patients’ conditions and is able to communicate an expanding knowledge base.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>15. Uses evidence-based medicine resources and appropriate use of technological resources.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

Osteopathic Principles and Practice: *(Preceptor to fill out)*

<table>
<thead>
<tr>
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<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Demonstrates knowledge of osteopathic principles and practice in a clinical setting.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>17. Competently demonstrates osteopathic palpatory diagnosis and manipulative treatment/techniques.</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

**COMMENTS:** *(Strengths will be listed on the Medical Student Performance Evaluation used during the residency application process.)*

18. Please mark the word or words that describe this student *(mark top 3 words, if more, please comment below)*
- Attentive
- Capable
- Considerate
- Cooperative
- Conscientious
- Dependable
- Efficient
- Friendly
- Honest
- Intelligent
- Logical
- Mature
- Organized
- Poised
- Resourceful
- Sincere
- Tactful
- Understanding

19. Comments about strengths observed (please print):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

20. If applicable, please mark the word or words that describe this student
- Abrasive
- Apathetic
- Arrogant
- Careless
- Cocky
- Immature
- Impatient
- Inconsiderate
- Indifferent
- Inept
- Irresponsible
- Obnoxious
- Rude
- Sarcastic
- Tactless
- Undependable
- Unfriendly
- Unorganized

21. Comments about areas for improvement (please print):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

Did student have access to EMR/EHR [ ] Yes [ ] No If Yes, [ ] to review [ ] to document

Student missed ___ day(s) Dates and reason of absences

Did student pass rotation [ ] Yes [ ] No Absences were made up on (date)

Preceptor’s Name Printed ____________________________ Date __________

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

REQUIRED: Other clinicians/physicians who have also interacted with this student in the clinical/educational setting:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2 of 2