

Student Performance Evaluation Form

UTMB School of Medicine Ambulatory Community Selective

Student Name:

Student PID #:

Selective Period:

Instructor Name:

Selective Name:

Selective Course #:

This form must be completed by the student's faculty supervisor for the student to receive a final grade. All ratings of 'Exceeds' or 'Below' expected level of performance must be accompanied by explanatory comments. Please note this information may be included in the Medical Student Performance Evaluation (Dean's Letter of Evaluation).

1. Knowledge Acquisition Skills – How well does the student independently seek information, identify relevant sources, use a variety of sources (including technology when appropriate), critically analyze resources, refer to and appraise relevant information appropriately, and/or is prepared for discussions or elective activities?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

2. Problem-solving Skills - How well does the student integrate basic science and clinical concepts, demonstrate understanding of concepts and issues as they apply to the problem or concept at hand, critically revise hypotheses or strategy towards approaching the problem, derive differential diagnoses and treatment plans, and/or define differences in normal and abnormal conditions?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

3. Communication Skills - How well does the student express relevant information about concepts, ask questions, balance listening and speaking, and/or qualify personal commentary as such among healthcare team members and patients?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

4. Professionalism – How well does the student accept and use feedback, recognize and abstain from academic dishonesty, demonstrate respect and courtesy to peers, staff, patients and faculty, demonstrate sensitivity to gender/ethnicity/cultural issues when raised, and/or is punctual and attends all meetings as well as protects healthcare information?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

5. Clinical Interaction/Data Gathering Skills – How thorough and accurate are patient interviews, physical exams, patient education/counseling, oral patient presentation to faculty/peers, and written documentation?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

6. Technical Skills – How well does the student acquire and demonstrate the following skills: procedures appropriate to the clinical setting, research (laboratory) techniques?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance
- At expected level of performance**
- Below expected level of performance
- Cannot evaluate this item

7. Written Assignment – If applicable, did the student complete the written assignment and turn it in for your evaluation?
Comment required to justify any rating above or below expected level of performance:

- Completed** _____
- Not completed _____

Please comment on the student's depth of thought on this written assignment:
Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

8. Comments regarding summary of student performance / goals for future development:

Number of student absences during 4-week period: _____

Your signature confirms that this student spent at least 50% of their time in the clinical setting.

Instructor Signature: _____ Date: _____

Campus Faculty Only:

Written Assignment – If applicable, did the student complete the written assignment and turn it in for your evaluation?
Comment required to justify any rating above or below expected level of performance:

- Completed** _____
- Not completed _____

Please comment on the student's depth of thought on this written assignment:
Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

Additional Comments:

FINAL GRADE (Check one) _____ **Satisfactory** _____ **Fail**

Course Director Signature: _____ Date: _____