## CLINICAL EVALUATION FORM

(Please PRINT all information.)

**STUDENT:** ___________________________  **ID NO:** ___________________________  **CLASS OF:** ___________  **YEAR (3 OR 4):** ___________

**ROTATION:** ___________________________  **ROTATION IS:** ___________Core  ___________Elective  (check one)

**DATES OF ROTATION:** ______________ to ______________  **PRIMARY PRECEPTOR(S):** ___________________________

**SITE /LOCATION/HOSPITAL:** ____________________________________________________________

### INSTRUCTIONS

**Please Circle the most appropriate ranking for each competency indicating your evaluation of the student using the values provided.**

**Failure**  
Failed to achieve the majority of skills within the competency - Remediation is required.

**Below Average**  
Achieved the majority of skills with weaknesses in some areas of the competency.

**Average**  
Achieved competency in all assessed skills within the competency. Level of achievement is what would be expected from a student at this level of training.

**Above Average**  
Competency attained in all assessed skills with performance in the top 30% of students you have precepted.

**Excellent**  
Competency attained in all assessed skills with performance in the top 10% of students you have precepted.

### PATIENT CARE:

- Demonstrates caring and respectful behavior when interacting with patients and families.
- Gathers essential and accurate information about patient utilizing history and physical diagnosis skills.
- Develops appropriate diagnosis and management plan.
- Performs medical procedures pertinent to the rotation.

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<thead>
<tr>
<th>Unable to Evaluate</th>
<th>Failure</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
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### MEDICAL KNOWLEDGE:

- Demonstrates knowledge of current basic science, clinical medicine, and social science and applies to patient care.
- Demonstrates an analytical approach to clinical situations with application of clinical medicine to patient care.

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### INTERPERSONAL AND COMMUNICATION SKILLS:

- Demonstrates effective listening skills.
- Utilizes communication skills resulting in effective information exchange between patients/families and the healthcare team.
- Demonstrates sensitivity to the patient’s culture, age, gender and socioeconomic status.
- Educates and counsels patients and families.

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### PRACTICE-BASED LEARNING AND IMPROVEMENT:

- Utilizes evidence-based principles to determine appropriate strategies for care.
- Demonstrates the use of information technology.
- Facilitates learning of others through use of medical literature and scholarly activity.

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### SYSTEM-BASED PRACTICE:

- Demonstrates knowledge of cost effective care.
- Demonstrates an understanding of community agencies and services that enter into the aspects of health care.
- Advocates for quality patient care and assists patients in dealing with system complexities.

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PROFESSIONALISM:
- Demonstrates respect, compassion and integrity.
- Responsive to the needs of patients and society.
- Demonstrates ethical principles of confidentiality, informed consent, and patient autonomy.

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FORMATIVE COMMENTS: Formative evaluation provides recommendations for further learning and improvement (e.g., what the student should keep doing, stop doing, or do differently). (Use additional page as needed.)

How and when was feedback provided about issues raised in the evaluation? _______________________________________________________________________

SUMMATIVE COMMENTS: Summative evaluation involves a final judgment about the quality of a student’s performance (e.g., exceeding expectations, meeting expectations, much improved, still needing work to meet expectations). (Use additional page as needed.)

How and when was feedback provided about issues raised in the evaluation? _______________________________________________________________________

CLINICAL GRADE (Circle one): INCOMPLETE*  FAIL  LOW PASS  PASS  HIGH PASS  HONORS

*Grade of Incomplete or Failure must include explanation below. (Use additional page as needed.)

Evaluator: ___________________ Clerkship Director: ___________________
(Printed Name and Degree)  (Printed Name and Degree)
Evaluator: _______________ Date: _______________  Clerkship Director: _______________ Date: _______________
(Signature)  (Signature)

Was this evaluation reviewed with the student?  YES  NO  Student: _______________ Date: _______________
(Signature)

COMPLETING AND RETURNING THE EVALUATION – Contact the GMU-School of Medicine, Office of the Registrar at registrar@greenheartuniversity.com with questions.

Evaluator
1. Kindly review and follow your written department policy on completing and returning the evaluation form. The rotation Clerkship Director is required to have a copy of this policy. Please complete each individual competency assessment.
2. Circle the final grade.
3. Complete, sign and date the form.
4. Send the completed evaluation form to the rotation Clerkship Director or to the GMU – SOM Office of the Registrar.

Clerkship Director – Director of Medical & Professional Services
1. Kindly review the evaluation.
2. If the grade is “Incomplete,” or “Failure” please fill out the section at the bottom of this page indicating the reason and the steps being taken to complete the final grade. Kindly also notify the student of the Incomplete or Failure as well as the Academic Affairs office.
3. Sign and date the evaluation and return it within 30 days of the end of the rotation by fax or mail to GMU-SOM
Greenheart Medical University, School of Medicine
69 Croal Street, Lacytown, Georgetown, Guyana