**Patient Centered Medicine 2, Semester 4**

**Preceptor Overall Student Performance Evaluation Form**

**PLEASE COMPLETE DIGITALLY**

**FINAL EVALUATION DUE APRIL 16, 2021**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**: Please check the box in each row, which you feel best, describes the performance of this student. There should be one and only one box checked for each row. Please use the back of this form for comments. **Comments are required**.

|  |  |  |
| --- | --- | --- |
| **Does Not Meet Expectations** | **Meets With Concern** | **Meets Expectations** |
| 🞏 Significant difficulties obtaining accurate history from patients or leaves out important details from write-up or does not include patient’s perspective of illness from write-up or HPIs do not flow in a logical and chronological order |  | 🞏 Obtains accurate history from the patients. Write-up includes the important information (pertinent positives and negatives) Includes patient’s perspective of illness in write-ups. |
| 🞏 Misses important physical findings and/or excludes important parts of the physical exam. |  | 🞏 Performs a complete and accurate physical exam (PE) with consistency. |
| 🞏 Leaves out important items from the problem list and/or incorrectly identifies problems. |  | 🞏 Constructs a complete and accurate problem list, and synthesizes the major problems into diagnoses. |
| 🞏 H & P write-up somewhat illegible or uses unacceptable abbreviations. |  | 🞏 Writes up the H & P in a legible, logical and complete manner. |
| 🞏 Unable to consistently identify pertinent positives and negatives from both the H&Ps and therefore cannot construct an adequate differential diagnosis. |  | 🞏 Consistently identifies most pertinent positives and negatives from both the H&Ps. |
| 🞏 Student dressed and/or conducted him/herself in an inappropriate or unprofessional manner to either the patient or other health care team members. |  | 🞏 Student presented him/herself to patients in a professional manner, always uses appropriate titles when addressing patients and tends to his/her patients’ needs. |
| 🞏 Student was unreliable or unmotivated |  | 🞏 Student was motivated, reliable, and professional. |
| 🞏 Student did not respond appropriately to corrective feedback |  | 🞏 Student responded well to corrective feedback. |
| 🞏 Student had little or minimal improvement. Lagged in skill development well behind expected for a second-year student |  | 🞏 Student showed clear and consistent improvement in all skills throughout the preceptorship. |

# Patient Centered Medicine 2

**Preceptor Overall Performance Student Evaluation Form**

Preceptor Comments – **Comments are required on this form**. If any “**Does Not Meets Expectations**”, or “**Meets with Concern**” box is checked, please describe in the comments section why the student does not meet expectations. Also, include comments if your student has performed above expectations throughout the program.

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**Preceptor Signature & Date** **Student Signature & Date**