MOREHOUSE SCHOOL OF MEDICINE
EVALUATION OF PERFORMANCE

STUDENT'S NAME _____ 3RD YR ( ) 4th YR ( )

TITLE OF REQUIRED CLERKSHIP _____ OR ELECTIVE_____

LOCATION OF ROTATION _____

COURSE DIRECTOR _____

DATES OF EVALUATION: FROM _____ TO _____

THIS FORM CONTAINS DESCRIPTIONS OF CHARACTERISTICS WHICH REPRESENT SOME OF THE COMPONENTS OF PROFESSIONAL COMPETENCE. PLEASE CONSIDER EACH ITEM AND ITS DESCIPTORS AND CHECK THE BOX, WHICH DESCRIBES THE STUDENT'S PERFORMANCE WITH REFERENCE TO THAT ITEM.

	Exceptional	Above Aver age	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
1. CLINICAL UTILIZATION OF KNOWLEDGE: Recollection and application of basic science and clinical information in patient care.						
2. ACADEMIC PREPAREDNESS: Demonstration of knowledge of required reading and knowledge obtained in preparation for and participation in conferences, rounds, and other formal instructional settings.						
3. HISTORY: Clarity, conciseness, accuracy, completeness, and organization.						
4. PHYSICAL EXAMINATION: Completeness, ethical quality, organization of performance, and organization of write-up.						
5. DIFFERENTIAL DIAGNOSIS/PROBLEM LIST: Thoroughness, correlation with history and physical findings, and appropriate integration.						
6. THERAPEUTIC MANAGEMENT: Accuracy, completeness, and appropriateness.						
7. ORAL PRESENTATIONS: Accuracy, organization, completeness, clarity, conciseness, self-confidence, and poise.						
8. PROGRESS NOTES: Accuracy in reflecting clinical status, completeness, organization, appropriateness, and conciseness.						
9. INTERPERSONAL RELATIONSHIPS: Rapport with patients, cooperation and thoughtfulness with teaching staff, peers, and other professional staff.						
10. ATTENDANCE AND PUNCTUALITY: Conferrences, rounds, clinics, and other formal teaching activities.						
11. INSIGHT: Ability to recognize and correct deficiencies.						
12. STUDENT EFFORT: Initiative, perserverance, and thoroughness.						
13. REACTION TO SUPERVISION: Ability to accept constructive criticism appropriately and alter behavior accordingly.						
14. OVERALL CLINICAL PERFORMANCE:						

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COMMENTS (Please document student's strengths, weaknesses, and motivation):

Evaluator's Letter/ Numerical Grade Assessment of Performance _____

PASS _____ FAIL _____
(The reasons are given above)

EVALUATOR'S NAME _____
(Please Print)

EVALUATOR'S SIGNATURE _____ DATE _____
(Signed)

Have you discussed this evaluation with the student? YES _____ NO _____

THIS FORM MUST BE RETURNED TO THE OFFICE OF THE REGISTRAR:

Adrienne L. Wyatt, Interim Registrar
Morehouse School of Medicine
720 Westview Drive, S.W.
Atlanta, GA 30310
(404) 752-1657 (office)
(404) 752-8686 (fax)

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