

RETURN THIS COMPLETED FORM TO Melissa.Keyser@lvhn.org

**USF - Morsani College of Medicine
Electives - Internal Medicine**

Student Name:	
Evaluator / Rank:	
Site:	
Period:	
Dates of Activity:	
Activity:	MEL
Form:	<i>*Eval of Student by Educator: Clinical Elective</i>
Date of Completion:	
Is this student's performance appropriate for this point in his/her education? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you discussed this evaluation with the student? Yes <input type="checkbox"/> No <input type="checkbox"/> (Evaluations should be discussed)	

UNACCEPTABLE 1	NEEDS IMPROVEMENT 2	SATISFACTORY (on par with peers) 3	VERY GOOD 4	OUTSTANDING 5	NOT OBSERVED OR UNABLE TO RATE (N/A)
CATEGORY			RATING		
FUND OF KNOWLEDGE					
SELF EDUCATION					
UNDERSTANDING OF PATHOPHYSIOLOGY Ability to think through critical problems using mechanisms of disease.					
HISTORY AND PHYSICAL EXAM Ability to perform and record the history and physical exam.					
ORAL PATIENT PRESENTATIONS					
PROCEDURAL SKILLS (e.g. suturing, phlebotomy)					
UTILIZATION OF THE LAB Appropriately chooses tests, interprets results and integrates with other patient data.					
CLINICAL JUDGEMENT					
THOROUGHNESS Ability to complete data base and record pertinent, careful progress notes.					
EFFICIENCY					
ATTITUDES AND PROFESSIONAL BEHAVIOR Rapport, appearance, attendance at conferences, and punctuality.					
MOTIVATION Dedicated, hard-working, conscientious, reliable.					
HUMANISTIC ATTRIBUTES Personal qualities and interpersonal skills. Includes rapport with patient and family.					
PERSONAL SATISFACTION Enjoyment of clinical medicine.					

UNACCEPTABLE 1	NEEDS IMPROVEMENT 2	SATISFACTORY 3	VERY GOOD 4	OUTSTANDING 5
CATEGORY				RATING

OVERALL CLINICAL COMPETENCE

Possession of knowledge, skills and attitudes essential to the provision of excellent care.

COMMENTS: Please include strengths and areas needing improvement.

RECOMMENDED GRADE (Pls put an "X" on the box)	Honors	Pass with Commendation	Pass	Fail	Incomplete	4.5 -5.0 HONORS 3.9- 4.4 PASS WITH COMMENDATIONS (PC) 2.0 -3.9 PASS < 1.9 FAIL

Preceptor Signature and Date (Mandatory)

How many patients did the Sub-intern see daily?

Do you think the Sub-Intern would be a good resident here?

RETURN THIS COMPLETED FORM TO Melissa.Keyser@lvhn.org