



**University of Central Florida**  
**College of Medicine**  
**4<sup>th</sup> Year Elective Student Performance Evaluation**

**STUDENT NAME:** \_\_\_\_\_

**HOST INSTITUTION:** \_\_\_\_\_

**CLERKSHIP NAME:** \_\_\_\_\_

**CLERKSHIP DATES:** \_\_\_\_\_

**\*\*PLEASE ELABORATE ON ANY SCORES OF UNSATISFACTORY IN THE COMMENT SECTION AT THE END OF THE EVALUATION\*\***

**Patient Care**

**\*Evaluated through direct observation**

1. Patient Care (compassionate, appropriate, effective)  
Satisfactory      Unsatisfactory      Unable to evaluate

**Medical Knowledge**

**\*Evaluated through direct observation, direct questioning during clinical care and teaching experience, patient presentations**

2. Medical Knowledge (biomedical, clinical, cognate sciences, and their application)  
Satisfactory      Unsatisfactory      Unable to evaluate

**Practice-based Learning and Improvement**

**\*Evaluated through progressive, graded improvement in clinical care and where applicable, procedures and surgical technique, the use of evidence-based medicine in routine clinical care**

3. Practice-based learning and improvement (investigation and evaluation, appraisal and assimilation of evidence)  
Satisfactory      Unsatisfactory      Unable to evaluate

**Interpersonal and Communication Skills**

**\*Evaluated through direct observation of communications with other students, attending physicians, residents, physicians from other services, non-physician clinical staff, and patients and their families**

4. Interpersonal and communication skills (effective information exchange, teaming with patients and families)  
Satisfactory      Unsatisfactory      Unable to evaluate

**Professionalism**

**\*Evaluated through responsibility in carrying out their professional duties (continuity, responsiveness, availability and, and self-sacrifice, following ethical principles, and sensitivity to diverse patient populations)**

5. Professionalism (carrying out professional responsibilities, ethics, sensitivity to diverse patient populations)  
Satisfactory      Unsatisfactory      Unable to evaluate

**System-Based Practice**

**\*Evaluated through use of the entire health care system in patient care, teamwork, direct observation in patient care**

6. Systems-based practice (awareness and responsiveness to larger context and system of health care, use of system resources)  
Satisfactory      Unsatisfactory      Unable to evaluate



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**Formative Comments**

**\*In order facilitate a learning alliance between the student and faculty member; please provide descriptive feedback providing the student with specific input on what they have done well and how they can improve in order to reach the next level in their learning progression.**

7. Formative Comments:

**Summative Comments**

**\*Descriptive evaluation of the student's overall performance which may be included in the students' MSPE (i.e. "Dean's Letter") and submitted as part of their residency application. For example, has the student met the learning objectives of the rotation?**

8. Summative Comments:

Overall performance, student received a final grade of **Pass (P) or Fail (F)**

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Signature of Clerkship Director

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Name of Clerkship Director

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Date