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## Preview Evaluation

### Student Performance Evaluation

#### Medical Education Course

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Student Level      Student level

#### Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

#### Evaluation of students in medical education courses

**Evaluation Period:** 01/01/2006 - 01/31/2006

**Evaluator:** Evaluator name

**Student:** Student name **Email:** [DrexelMedClinicalEducation@drexelmed.edu](mailto:DrexelMedClinicalEducation@drexelmed.edu)

**1.\*** Method of Evaluation:  
(if Consensus Conference or Composite is checked, please list the names of the faculty and residents who contributed to this evaluation)

Individual
  Consensus Conference
  Composite

#### V. PROFESSIONALISM

(Any answer of NO in this section requires comments)

**2.\*** V-A. DEMONSTRATES HONESTY AND INTEGRITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

Yes  
 No (if no, must explain)  
 Not Applicable

**3.\*** V-B. MAINTAINS PATIENT CONFIDENTIALITY

Yes  
 No (if no, must explain)  
 Not Applicable

**4.\*** V-C. DEMONSTRATES PROFESSIONAL IMAGE IN BEHAVIOR AND DRESS

Yes  
 No (if no, must explain)  
 Not Applicable

**5.\*** V-D. DEMONSTRATES RELIABILITY AND RESPONSIBILITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

**Unacceptable:** Cannot be relied on  
 **Below Expectations:** Needs reminders in fulfillment of responsibilities. Appears to be too peripheral to engage in team activities and patient care. Late or absent for required activities

- Meets Expectations:** *Can regularly be relied on to fulfill responsibilities as member of team. Functions well within team structure. Punctual and present for all required activities, completes assignments in timely fashion*
- Exceeds Expectations:** *Actively involved in patient care and team activities and completes all assigned tasks in dependable fashion. Makes meaningful contributions to health care delivery as an integral member of the team*
- Far Exceeds Expectations:** *Exceptionally conscientious and dependable in team activities and pt care responsibilities. Makes extra efforts to be integral team member; assumes high level of pt care resp. Highly valued as team member*
- Not Applicable**

**MID-ROTATION FEEDBACK**

6.\* Formative feedback during rotation

- Yes  No

7. Date formative feedback was given:

**COMMENTS**

Please use the **Strengths and Weaknesses of the Student** box to provide comments about the student's strengths, weaknesses, and potential as a resident for use by student, course director and advisor in planning further study (use prompts under each question to enhance your comments). Please note any concerns with respect to student's Professionalism.

Please use the **Summary Comments** box to provide comments suggested for the Dean's Letter. Please comment on student's professionalism (positive or negative comments for Dean's Letter).

8.\*

**STRENGTHS AND WEAKNESSES OF THE STUDENT:**

[Rich text](#)

9.\*

**SUMMARY COMMENTS (may be used in Dean's Letter):**

Rich text

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