

## UNIVERSITY OF CINCINNATI – COLLEGE OF MEDICINE

STUDENT NAME:						
PRECEPTOR:						
			<del>-</del>			
HOSPITAL:		_ INPATIENT OUTPATIENT OTHER				
FEEDBACK ON ENTRUSTAB	LE PROF	ESSIONA	L ACTIVI	TIES (EPAs)		
Instructions: Please rate the stude	nts on the f	ollowing co	mpetencies	s using the FIVE o	categories of Entr	ustment.
Your evaluation is mostly for form		_	-	_	•	
students overall clerkship grade. S						
rating of student.	occ octow v	viicie you w	iii assess t	ne stadents imai	grade, category a	na overan
runing of student.						
Category	The student watches me do this	We do this together	I watch the student do this	The student does this independently and I double check all findings	The student independently does this and I double check key findings	Unable to Evaluate
Gather appropriate and accurate	0	0	0	0	0	0
history Perform appropriate exam for the						
presenting problem/reason for visit	0	0	0	0	0	0
Generate an appropriate diagnostic	_	0	0	_	0	0
and therapeutic action plan	0	O	O	0	O	O
Follow through on the appropriate diagnostic and therapeutic action	0	O	0	0	0	0
plan		0	0	O	<b>O</b>	0
Communicate patient information to	0	0	0	0	0	0
the clinical team in oral form  Communicate patient information to	O					
the clinical team in written form	0	0	0	0	0	0
			Never	Inconsistently	Consistently	Unable to Evaluate
Communicate effectively with patients	of diverse ba	ckgrounds		0	0	
Communicate effectively with patients of diverse backgrounds (e.g. age, gender, social, racial and economic backgrounds)			0	0	0	0
Demonstrate a commitment to self-directed learning by						
developing your knowledge outside of environment (e.g. demonstrate ability t			0	0	0	0
evidence from reliable references to ad						
Collaborate with an inter-professional	health care te	am (i.e.			_	
communicate with nurses, respiratory to	•	al workers,	0	0	0	O
pharmacist, primary care physician, etc Demonstrate professional behavior in a		ng (e.g.				
appearance, reliability, punctuality, mo			0	0	0	0
and respect)						

## **OPEN-ENDED FEEDBACK**

<b>Instructions:</b> Please comment on the following areas.	. Your comments should justify the final rating of the
student below:	

student below:					
Comments to be included in the MSPE (Medical Stude	nt Performance Evaluation (Dean's Letter))				
Include strengths and any opportunities for improvement (including evidence of demonstrating effort to improve) *					
Patient Care/Clinical Comments					
<ul> <li>Patient Interaction</li> <li>Quality of oral presentation and written documentation</li> <li>Clinical Reasoning</li> </ul>	<ul> <li>Effort toward self-directed learning</li> <li>Technical skills (if pertinent to your clerkship)</li> </ul>				
Clinical care					
Interpersonal/Professionalism  • Interpersonal skills					
<ul><li>Interpersonal skills</li><li>Professionalism/work ethic</li></ul>					
Professionalism					
2 2 0 2 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0					

Additional opportunities for improvement based on feedback from faculty/residents who have worked with the student (not to be included in the MSPE (Dean's Letter)) *		

## **OVERALL RATING STUDENT:**

**Instructions:** Please rate the learner on this rotation and complete the other information fields.

Hov	How do you rate this learner?					
1.O	verall Rating:					
	Fail	Pass	<ul><li>High Pass</li></ul>	Honors		
2. T	2. This evaluation is based on the student's participation in the care of:  SINGLE Patient MULTIPLE Patients					
3. Please identify how many days you worked with the student (rounded to the nearest 1/2/day)						
4. Identify the name(s) of the faculty/resident(s) who contributed to overall rating.						

- Reviewed with student
- I have completed filling out this form and I am ready to submit it.