

University of Arizona College of Medicine
Faculty Assessment of Student Performance - Patient Care Electives Courses
[Department/Coordinator's information goes here]

Please note that this form must be submitted to the department coordinator within 6 weeks of the end of the elective. Thank you!

Student Name:

Elective Title:

Dept/Course Number:

Date:

Location:

1. Please provide comments describing the student's performance, including an overview of the student's major strengths and weaknesses. **This information will be used for their Medical Student Performance Evaluations (MSPEs, a.k.a. Dean's Letter), so please be specific and provide illustrative examples when possible.**

2. Student's Overall Grade:

- **Honors** - A model student demonstrating exceptional performance. Include details describing achievement in specific areas.
- **High Pass** – A student consistently meeting and occasionally exceeding expectations. Include details describing achievement in specific areas.
- **Pass** - A student demonstrating satisfactory performance by consistently meeting, but not exceeding, expectations. A student must perform satisfactorily in each competency.
- **Fail** - A student demonstrating serious deficiencies in performance. Frequently performing below expectations as demonstrated in below expectation performance in a competency or unsatisfactory composite grade. Specify the deficits warranting this grade above.
- **Incomplete** - A student who has satisfactorily met most expectations for performance but has yet to demonstrate other required performance. List the requirements to discharge the grade of Incomplete above.

3. Please rate the student's performance in each of the following competencies:

	Outstanding (= Honors)	Above Expectations (= High Pass)	Meets Expectations (= Pass)	Below Expectations (= Fail)	Not Able to Assess
Medical Knowledge					
Patient Care (E.g., Conducts accurate history and physical exams; Demonstrates competence in performing exam procedures)					
Practice-Based Learning (E.g., Shows progressive improvement throughout rotation; Learns from mistakes)					
Interpersonal & Communications Skills (E.g., Presents concise, accurate and pertinent information at rounds; Provides patient/family with clear instructions appropriate to their educational level)					
Systems-Based Practice (E.g., Demonstrates knowledge of broader health care resources available in the community; Completes clinic sessions/patient encounters in a timely manner)					
Professionalism (E.g., Demonstrates punctuality, accountability & honesty; Comes to rounds well-prepared; Actively seeks responsibility beyond the scope of expectations)					

4. How long did you work with this student?

- a. 1 day or less
- b. 2 – 6 days
- c. 1 – 3 weeks
- d. More than 3 weeks
- e. Other _____

5. **Comments:** Please add any additional comments or information which would be relevant. For example, if student performance was assessed using graded assignments/projects, oral presentations, etc., please list those assessment methods and indicate the student's level of performance.

Evaluator Signature _____

Evaluator Name (Print) _____

Evaluator email: _____

Evaluator phone: _____

Date _____