

ComEx Student Evaluation

Student Name:		Preceptor Name:			
Academic Year:	Quarter:	Preceptorship Type: <input type="checkbox"/> Observational only (shadowing) <input type="checkbox"/> Clinical (participates in patient care)			Date of Evaluation:

While individual COMEX preceptors and sites present varying learning opportunities, several common educational elements exist. These elements can be evaluated and should be considered in addition to any other specific goals and objectives mutually agreed upon by you and your student. The emphasis on each element will vary based on focus of the practice as well as the year, experience, and needs of the student. *Note that an evaluation is only required if the total length of the rotation is greater than 8 total hours. It is otherwise optional.*

Please CHECK the applicable score and provide your feedback using the following scale: (note that this is feedback for the benefit of the student and the program, and is not used in calculating any student grades.)

1 = Unacceptable performance	4 = Performing above expectations
2 = Below expected level of performance	5 = Superior performance
3 = Expected level of performance	NA = Not Assessed/Not Applicable

Ethics and Professionalism						
Presents when scheduled and on time for clinical responsibilities:						
<i>Frequently late and/or absent</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Regularly arrives early for shift (as appropriate)</i>
Demonstrates appearance that is appropriate for clinical care:						
<i>Appearance frequently does not reflect NUNM or site standards</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Professional appearance exceeds expectations</i>
Demonstrates respect, compassion, and integrity: <input type="checkbox"/> NA						
<i>Shows lack of respect for patients' plight; cannot be trusted with information or responsibility</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Trustworthy, follows through on tasks, respectful of patients, preceptor and staff</i>
Demonstrates a commitment to ethical principles of medicine: <input type="checkbox"/> NA						
<i>Disregards confidentiality, focus is on self</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Maintains appropriate confidentiality, focus is on the patient</i>
Demonstrates sensitivity to patients with a variety of cultural, ethnic, and financial backgrounds: <input type="checkbox"/> NA						
<i>Demonstrates bias and discrimination to patients or staff</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Shows sensitivity to the individual background of each patient and staff member</i>
Communication and Collaboration						
Demonstrates ability to function as part of a patient care team: <input type="checkbox"/> NA						
<i>Unable to collaborate with staff, clinicians, and fellow learners</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Dependable collaborator with all members of health care team</i>
Demonstrates ability to establish rapport with patient: <input type="checkbox"/> NA						
<i>Does not introduce self, unable to put patient at ease</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Appropriately introduces self and able to put patient at ease</i>
Medical Knowledge						
Obtains appropriate medical history given patient presentation: <input type="checkbox"/> NA						
<i>Frequently obtains extraneous information</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Frequently obtains pertinent positives and negatives</i>

Performs appropriate and correct PE for given patient presentation: <input type="checkbox"/> NA						
<i>Frequently misses key components or incorrectly performs relevant PE</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Selects and performs the appropriate PE correctly for a given patient</i>
Demonstrates the ability to verbally present and discuss the patient's history and PE: <input type="checkbox"/> NA						
<i>Disorganized and incomplete in presentation of patient history and PE findings</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Organized and thorough in presenting patient history and findings</i>
Demonstrates ability to recognize pathology and formulate differential diagnoses: <input type="checkbox"/> NA						
<i>Unable to recognize, define and defend a diagnostic possibility</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Able to recognize and define a diagnostic possibility, combining clinical and basic science information</i>
Patient Management						
Offers evidence-informed ideas in discussion of treatment protocols: <input type="checkbox"/> NA						
<i>Offers uninformed opinions, or has no contribution to treatment discussions</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Contributes well thought out and evidence-informed ideas and delivers them respectfully</i>
Practice-based Learning and Improvement						
Demonstrates commitment to independent learning: <input type="checkbox"/> NA						
<i>Rarely investigates areas of knowledge/skill/attitude deficiency</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Independently investigates an area of deficiency, including literature review</i>
Demonstrates acceptance of critical feedback: <input type="checkbox"/> NA						
<i>Appears defensive, unable to demonstrate change in behavior</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Solicits and is open to feedback, and demonstrates responsiveness</i>
Demonstrates integration of basic science and clinical knowledge: <input type="checkbox"/> NA						
<i>Unable to connect basic science knowledge to context of care to the patient</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Connects basic science knowledge to clinical context</i>
Demonstrates clinical curiosity: <input type="checkbox"/> NA						
<i>Creates perception of knowing all there is to know</i>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<i>Asks thoughtful questions, stretches comfort zone</i>
Please write any additional comments:						
<p style="text-align: center;">Please check Overall Score: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></p> <p style="text-align: center;"><i>Please choose the score you feel best reflects the student's overall performance.</i></p> <p>Scale: 1: Unacceptable performance 2: Below minimum acceptable performance 3: Typical student, performing at expected level 4: Performing above expected level 5: Outstanding performance significantly above expected level</p>						

Please return this evaluation to Vanessa Reeves, Clinical Education Coordinator at vreeves@nunm.edu, or fax to 503-279-9300

Physician Signature

Date

ComEx Tracking Log

Student Name:	Date:
Preceptor Name:	Preceptor Email:

*Students: It is your responsibility to track patient hours and contacts during your ComEx rotation. Upon completion of your rotation, please provide this to your preceptor for signature. **This form must be submitted to Vanessa Reeves, Clinical Education Coordinator (Admin suite 250) no later than Friday of week 2 of the quarter after your rotation ends. If your Tracking Form is not received within that time frame, no credit will be given for the rotation.***

Instructions

Date: Insert the date of the individual shift you worked.

Hours completed: Insert the number of hours you completed for that single date/shift.

Patient contacts: Insert the number of patients you saw on that single date/shift.

Total number of pt contacts: Insert the total number of patients you saw for the entire rotation.

Total # of hours with ND (or MD, DC, DO, DPM, NP, PA, etc.): Insert the total number of hours completed during that quarter, but delineate by the type of preceptor (either ND or non-ND).

Date	Hours Completed	Patient Contacts

Date	Hours Completed	Patient Contacts

Total number of pt contacts:	
Total number of hours with ND:	
Total # hrs w/ non-ND:	

(Note: While you may choose to work more than 50 hours with a preceptor, a maximum of 50 hours per preceptor can be obtained for credit.)

Preceptor Signature

Date