

# Elective Student Performance Evaluation



## A. Student Information

Name: \_\_\_\_\_ Medical School Yr: \_\_\_\_\_

Docent: \_\_\_\_\_ ETC/Advisor: \_\_\_\_\_

## B. Elective Information

Pathway Course #: \_\_\_\_\_

Elective Title: \_\_\_\_\_ Dates (from-to): \_\_\_\_\_

Elective Description: \_\_\_\_\_

Instructor of Record: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Institution (*School/Hospital*): \_\_\_\_\_

Address: \_\_\_\_\_

## C. Student Performance Evaluation

*Please record below the rating the student achieved in each of the following competency areas. The rating should describe the student's level of performance at the end of the rotation.*

1. Please rate the **research/clinical competency** of the student:

**Fail** \_\_\_\_\_ **Marginal Pass** \_\_\_\_\_ **Satisfactory Pass** \_\_\_\_\_ **High Pass** \_\_\_\_\_ **Honors** \_\_\_\_\_

2. Please rate the **professionalism** of the student.

**Fail** \_\_\_\_\_ **Marginal Pass** \_\_\_\_\_ **Satisfactory Pass** \_\_\_\_\_ **High Pass** \_\_\_\_\_ **Honors** \_\_\_\_\_

3. If the student earned a **"Failing"** grade in the area of **professionalism**, please explain why.

4. How much time did the student spend in direct patient/research contact?

**0-24%** \_\_\_\_\_ **25-49%** \_\_\_\_\_ **50-74%** \_\_\_\_\_ **75-100%** \_\_\_\_\_

## D. Additional Feedback

1. **Summative comments:** on the student's performance in the rotation. These comments will be used in the MSPE (formerly Dean's Letter) and in faculty recommendation letters. *Attach a separate document if necessary.*

2. **Formative comments:** on the student's performance in the rotation. These comments give the student feedback on his/her strengths, weaknesses, and areas needing improvement. They will **not** be used in the MSPE or letters of recommendation. *Attach a separate document if necessary.*

3. Record student's performance indicated by other measures if applicable to the rotation:

_____ Score on NBME subject exam	_____ Score on local clerkship test
_____ Project score	_____ Paper score
_____ Presentation score	_____ Oral exam score
_____ Performance-based assessment score	_____ Other (please specify):

## E. Final Grade

\*\* Note that the student must meet the professionalism competency in order to pass the rotation. \*\*

Incomplete\_\_\_\_\_ Fail\_\_\_\_\_ Marginal Pass\_\_\_\_\_ Satisfactory Pass\_\_\_\_\_ High Pass\_\_\_\_\_ Honors\_\_\_\_\_

If assigning a grade of Incomplete, please record the date by which the final work must be satisfactorily completed and any other information concerning the incomplete grade here: \_\_\_\_\_

Signature of elective instructor: **X**\_\_\_\_\_ Date: \_\_\_\_\_

Signature of department chair if applicable: **X**\_\_\_\_\_ Date: \_\_\_\_\_

*This student is to be under your supervision during the indicated dates. The student is in good standing at this institution and is approved to take the clerkship. S/he will pay tuition at our school during the period indicated and will be covered by malpractice insurance.*

## F. Return Immediately

To submit this evaluation, the Elective Instructor or a contact person from their respective institution should email this completed form to:

**umkc\_som\_evaluation@umkc.edu**

If you have any questions about completing or submitting this evaluation, please call: 816-235-5368