

**Columbia University College of Physicians & Surgeons CLINICAL CLERKSHIP AND ELECTIVE EVALUATION**

Evaluator: \_\_\_\_\_  FACULTY  RESIDENT

Student Name: \_\_\_\_\_

Class of \_\_\_\_\_

- Check the box that best describes the student's performance.
- Use the comment section on the next page to summarize strengths and areas in need of improvement. Support ratings with examples.
- **The Course Director will determine the final grade.**

Clerkship/Elective Name: \_\_\_\_\_

Hospital or Site \_\_\_\_\_

Dates of Clerkship/Elective: \_\_\_\_\_

	Unsatisfactory	Below Expectations	Meets Expectations	Above Expectations	Outstanding
<b>Fund of Knowledge</b> Demonstrate knowledge of core topics and various medical resources <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>History Taking</b> Eliciting a complete medical history <input type="checkbox"/> Not observed	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Examination</b> Conducting a complete physical examination <input type="checkbox"/> Not observed	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical Reasoning</b> Formulating diagnoses and management plans <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Oral Case Presentations</b> Verbally reporting to colleagues / team <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Written Notes</b> Chart notes and patient write ups <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Procedural Skills</b> Techniques to diagnose, treat or operate <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Clinical work</b> Organizing patient care and functioning in a clinical setting. <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship With Patients</b> Developing therapeutic relationships <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Team Relationships</b> Working effectively with healthcare team <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
<b>Attitude and Professionalism</b> Personal qualities and motivation to learn <input type="checkbox"/> Insufficient contact	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Please comment on the student's strengths and areas in need of improvement. Please be specific.

Please comment on student's performance on exams (oral and/or written).

**O V E R A L L   R A T I N G S**

<b>Knowledge</b>	Unsatisfactory <input type="checkbox"/>	Below Expectations <input type="checkbox"/> <input type="checkbox"/>	Meets Expectations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Above Expectations <input type="checkbox"/> <input type="checkbox"/>	Outstanding <input type="checkbox"/>
<b>Clinical Skills</b>	Unsatisfactory <input type="checkbox"/>	Below Expectations <input type="checkbox"/> <input type="checkbox"/>	Meets Expectations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Above Expectations <input type="checkbox"/> <input type="checkbox"/>	Outstanding <input type="checkbox"/>
<b>Professionalism</b>	Unsatisfactory <input type="checkbox"/>	Below Expectations <input type="checkbox"/> <input type="checkbox"/>	Meets Expectations <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Above Expectations <input type="checkbox"/> <input type="checkbox"/>	Outstanding <input type="checkbox"/>

**S U M M A R Y   O F   E V A L U A T I O N**

                
**Unsatisfactory   Satisfactory   Very Good   Excellent   E/O   Outstanding**

**TO BE COMPLETED BY COURSE DIRECTOR ONLY**

**FINAL GRADE:**      **FAIL**                       **PASS**                       **HONORS**

\_\_\_\_\_  
**Signature - Course Director                      Date**

\_\_\_\_\_  
**Name and Title**

\_\_\_\_\_  
**Affiliation**