

Performance Evaluation on Non-clinical Electives

Student: _____ **Elective Title:** _____

OUWB Course Number: _____ **Dates of rotation:** _____

Evaluator: _____ **Host Institution:** _____

Evaluator role: ___ Elective Director ___ Faculty ___ Other

Please evaluate the performance of the student in the following competencies using the anchors described below:					
Advanced: Highly commendable performance, top 5-10% of students evaluated					
Competent: Capable, at expected performance for level					
Needs Improvement: Demonstrates initial growth; opportunity for improvement					
Unacceptable: Needs Attention					
	Advanced	Competent	Needs Improvement	Unacceptable: needs attention	Not Evaluated
Extent of knowledge					
Uses resources (<i>library, lab, records</i>)					
Problem solving ability					
Verbal communication skills					
Written communications skills					
Technical skills					
Relates and works well with others					
Accepts responsibility					
Seeks and accepts feedback					
Is motivated and takes initiative					
Demonstrates good judgment					

Comments

Please comment on this student's overall performance in this nonclinical elective. These comments may be included **verbatim** in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter). **Attach sheets if necessary.**

Please comment on areas where the student's performance will benefit from enhanced skill development. These comments will **NOT** appear in the MSPE. **(FOR STUDENT ONLY) Attach sheets if necessary.**

If this student needs attention in any of the following areas, please check appropriate area. Please provide comments on each section checked. Comments are mandatory. **Attach sheets if necessary.**

Interpersonal and Communication Skills

Professionalism

Grade:

- Pass
 Fail

I have concerns about this student's performance. The Associate Deans for Medical Education, Undergraduate Clinical Education and Student Affairs should review his/her record: ___Yes ___No

I have reviewed this evaluation with the student: ___Yes ___No

Signature of evaluator

Date

Signature of student

Date

After completion of the evaluation and review with the student, fax this form (248-370-2771) or scan and email the form to the attention of School of Medicine Records and Registration (medreg@oakland.edu).