The below performance ratings are designed to evaluate a student engaged in their 4th year of clinical rotations which corresponds to their second year of full time clinical training.

**Unacceptable** – performs below the expected standards for the second year of clinical training (OMS4) despite feedback and direction

**Below expectations** – performs below expectations for the second year of clinical training (OMS4). Responds to feedback and direction but still requires maximal supervision and continual prompting and direction to achieve tasks

**Meets expectations** – performs at the expected level of training (OMS4); able to perform basic tasks with some prompting and direction

**Above expectations** – performs above expectations for their second year of clinical training (OMS4); requires minimal prompting and direction to perform required tasks

**Exceptional** – performs well above peers; able to model tasks for peers or students in the first year of clinical training.

**Place a check in the appropriate column to indicate your rating for the student in that particular area.**

<table>
<thead>
<tr>
<th>Area of Evaluation - Communication</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively listen to patients, family, peers, &amp; healthcare team.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Demonstrates compassion and respect in patient communications.</td>
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<tr>
<td>3. Effectively collects chief complaint and history.</td>
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<tr>
<td>5. Efficiently prioritizes essential from non-essential information and presents cases in an accurate, concise and well organized manner</td>
<td>☐</td>
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<tr>
<td>6. Assures patient understands instructions, consents &amp; medications.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Area of Evaluation – Problem Solving</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies important questions and separates data in organized fashion organizing positives and negative.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. Discerns major from minor patient problems.</td>
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<tr>
<td>3. Formulates a differential identifying most common or likely diagnoses.</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
4. Identifies indications for & applies findings from the most common radiographic and diagnostic tests. 

5. Identifies correct management plan considering contraindications & interactions.

<table>
<thead>
<tr>
<th>Area of Evaluation – Clinical Skills</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Assesses vital signs &amp; triages patient according to degree of illness.</td>
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<td></td>
<td>2. Performs an appropriate HEENT exam and identifies pertinent findings and abnormalities.</td>
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<tr>
<td></td>
<td>3. Performs an appropriate cardiopulmonary exam, including auscultation, and identifies pertinent findings and abnormalities.</td>
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<tr>
<td></td>
<td>4. Performs an appropriate gastrointestinal / abdominal exam, including auscultation and palpation, and identifies pertinent findings and abnormalities.</td>
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<tr>
<td></td>
<td>5. Performs an appropriate neurologic exam and identifies pertinent findings and abnormalities.</td>
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<tr>
<td></td>
<td>6. Performs a thorough physical exam pertinent to the patient’s chief complaint</td>
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<thead>
<tr>
<th>Area of Evaluation - OMM</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Applies osteopathic manipulative medicine successfully when appropriate.</td>
<td>☐</td>
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<thead>
<tr>
<th>Area of Evaluation – Medical Knowledge</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1. Can identify &amp; correlate anatomy, pathology and pathophysiology related to most disease processes.</td>
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<td></td>
<td>2. Self-motivated learner demonstrating interest and enthusiasm about patient cases.</td>
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<td></td>
<td>3. Thorough &amp; knowledgeable in researching evidence based literature.</td>
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<td>4. Actively seeks feedback from preceptor on areas for improvement.</td>
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<td></td>
<td>5. Correlates patient findings with the most common diagnoses.</td>
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<td></td>
<td>6. Identifies and understands treatments for common presenting diseases and conditions.</td>
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<thead>
<tr>
<th>Area of Evaluation – Professional &amp; Ethical</th>
<th>Question</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Exceptional</th>
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</tr>
</thead>
</table>
1. Is dutiful, arrives on time, stays until all tasks are complete and follows through on patient care responsibilities

2. Accepts feedback and acknowledges errors. Readily responds to feedback, seeks to improve performance and is not resistant to advice.

3. Assures professionalism in relationships with patients, staff, & peers.

4. Displays integrity & honesty in medical ability and documentation.

5. Is well prepared for and seeks to provide high quality patient care.

6. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner.

Please identify the areas where the student has shown the greatest strengths.

Please identify areas for the student to focus on to improve their clinical performance.

Please verify if this evaluation was completed by (please check one):
Consensus
□ Individual preceptor

Physician Information Section:
The following information must be completed in full in order for the student to receive credit for his/her rotation. The information is also required for the physician to receive Continuing Medical Education credit for precepting.

Please Print:

First Name: ____________________________________________
Last Name: ____________________________________________
Name of Practice or Hospital: ______________________________
Region: _______________________________________________
Mailing Address: _______________________________________
City: _______________ State: _______________ Zip Code: ________
Email: __________________________________________________
Phone: __________________________________________________

Please indicate:
D.O. ☐ M.D. ☐

AOA number if D.O.: ________________________________

Preceptor Signature: ___________________________ Date: ________________

Return to VCOM Clinical Site Coordinator

Or

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Carolinias Campus: OMS4evaluationsCC@carolinas.vcom.edu
Virginia Campus: OMS4evaluationsVC@vt.vcom.edu