

DEPARTMENT OF EMERGENCY MEDICINE STUDENT CLINICAL PERFORMANCE EVALUATION

WB School of MEDICINE	STUDENT:	EVALUATOR:					
OAKLAND UNIVERSITY WILLIAM BEAUMON SHIFT DATE:	7.0		AREA: DB D	С □СВ □GН[_Peds		
Please evaluate the performance of the student in the following competencies using the anchors described below: Above Expectations: Highly commendable performance, top 5-10% of students evaluated Meets Expectations: Capable, at expected performance for level Below Expectations: Demonstrates initial growth; opportunity for improvement Unacceptable: Needs Attention							
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Unacceptable: Needs Attention						
	Unacceptable: needs attention	Below Expectations	Meets Expectations	Above Expectations	Not Evaluated	
Takes an effective history						
Performs appropriate physical exam						
Generates differential diagnosis						
Generates and manage treatment plan						
Exhibits knowledge of diseases and pathophysiology						
Demonstrates skills in evidence-based medicine						
Teamwork						
Demonstrates knowledge of the healthcare system to optimize delivery of patient care.						
Demonstrates knowledge of the physician's role in ensuring patient safety and supporting effective transition across care setting.						
Communication with patients & families						
Written Communication						
Oral Presentation Skills						

	Unacceptable: needs attention	Below Expectations	Meets Expectations	Above Expectations	Not Evaluated		
Procedural Skills							
Cultural competence							
	Unacceptable: needs attention	Needs Improvement	Competent	Not Evaluated			
Respect & Compassion							
Response to Feedback							
Accountability							
Student Strengths (please give specific examples): Student Weakness (please give specific examples):							
Overall Comments:							
If this student needs attention in any of the following areas, please check appropriate area and provide comments. Patient Care Medical Knowledge Professionalism Systems-Based Practice Interpersonal and Communication Skills							
I have reviewed this evaluation with the student: Yes No							
Resident Signature	Da	ate:					
Attending Signature:	DI	R#:	Date: _				