



UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF MEDICINE

M4 Student Performance Evaluation

NAME OF STUDENT: _____

COURSE CODE & TITLE: _____

BLOCK No. & DATES: _____

Complete Sections 1 through 14 (check off the box that applies)

1. Fund of knowledge PASS FAIL Not Applicable

2. Histories and physicals PASS FAIL Not Applicable

3. Clinical performance PASS FAIL Not Applicable
Note: Clinical performance includes interpretation of data, problem-solving, clinical judgment & patient management

4. Communication PASS FAIL Not Applicable
Note: Communication includes progress notes and oral presentations on rounds

5. Written exam PASS FAIL Not Applicable

6. Oral exam PASS FAIL Not Applicable

7. Other – list: _____ PASS FAIL Not Applicable
Note: Could include required paper, oral presentation, manual dexterity, etc.

Note: An unsatisfactory mark in the areas listed below No. 8 through 12, may be grounds for failure and will require a written document supporting the unsatisfactory evaluation.

8. Honesty SATISFACTORY UNSATISFACTORY

9. Professional conduct SATISFACTORY UNSATISFACTORY
Note: Professional conduct includes maintaining patient confidentiality, acceptable dress and professional appearance, attitude, good interpersonal skills with colleagues and all members of the healthcare team

10. Communication with patients, families, faculty, staff and students SATISFACTORY UNSATISFACTORY

11. Responsibility SATISFACTORY UNSATISFACTORY

12. Motivation SATISFACTORY UNSATISFACTORY

13. **COMMENTS ARE REQUIRED** at all times or the evaluation will be returned *(Please include strengths and areas for improvement)*

14. Final Grade: Overall Performance of Student (check box below)
 PASS FAIL

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

RETURN to: University of South Alabama
College of Medicine Student Affairs
Mastin Building #202
2451 University Hospital Drive
Mobile, Alabama 36617-2238
Scan & email to copy to: kbraswell@southalabama.edu
or fax to: 251-470-5811 Questions? 251-471-7145
Departments: Complete sections 1 through 14 and include original signature. Keep a copy for your files & RETURN the original within two (2) weeks of the last day of the rotation.