



Physician Assistant Program Student Clerkship Evaluation

Physician Assistant Program
 University of Nebraska Medical Center
 984300 Nebraska Medical Center
 Omaha, NE 68198-4300
 Office #: 402-559-9495
 Fax #: 402-559-7996

Student: _____ Dates: _____ Rotation: _____

Preceptor: _____ Location: _____

PLEASE CIRCLE the student's grade for this rotation.

A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F
-----------	----------	-----------	-----------	----------	-----------	-----------	----------	-----------	-----------	----------	-----------	----------

The grade above is independent of the evaluation below.

Please rate the student on the following skills:	Superior	Above Avg	Average	Below Avg	Poor	N/A
Collection/recording of patient history						
Physical exam and interpretation of findings						
Oral case presentation						
Documentation of clinical encounter						
Appropriate selection & interpretation of diagnostic tests						
Ability to perform clinical procedures						
Prioritize data and identification of problems						
Problem-Solving and critical thinking						
Overall medical knowledge base						
Establishment of tentative diagnosis & differential						
Ability to develop safe & effective treatment plan						
Ability to implement treatment plan						
Provides appropriate patient education						
Effective & efficient communication with team & staff						
Effective & efficient communication with patient & family						
Practices culturally-informed care as appropriate						
Overall Professionalism						

OVERALL LEVEL OF TECHNICAL SKILLS: _____ Excellent _____ Good _____ Adequate _____ Poor _____ N/A
--

Please indicate your level of agreement with each of the following statements regarding the student's Professional Attributes.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A
Accepts responsibility for education & self-learning					
Demonstrates appropriate response to criticism and feedback					
Demonstrates ethical behavior, truthfulness, integrity					
Seeks additional learning opportunities					
Recognizes own limitations; Seeks help when needed					
Team orientated, works well with other professionals					
Sensitive & responsive to culture, gender, age, disabilities & ethnicity of others					
Completes tasks in timely manner / Makes good use of time					
Shows initiative					
Is appropriately self-confident					
Is respectful to others in all situations					
Attitude is positive, approachable & appropriately assertive					

<p>Strengths:</p> <p>Areas of Improvement:</p>

Remarks:

We would welcome any suggestions on how we might improve our curriculum:

Evaluation discussed with student: **Yes** **No** (Please circle) **Number of days student absent:** _____

Preceptor signature: _____ **Date:** _____

Please send completed evaluations to Iris Gipson via email at **iris.gipson@unmc.edu** or via fax to **402-559-7996**.

Updated 11/2019