



Please select student's home campus: Auburn ☐ Carolinas ☐ Louisiana ☐ Virginia ☐

Printed Student Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Printed Preceptor Name and Degree: \_\_\_\_\_ Discipline: \_\_\_\_\_

**The below performance ratings are designed to evaluate a student engaged in their 3<sup>rd</sup> year of clinical rotations which corresponds to their first year of full time clinical training.**

**Unacceptable** – performs below the expected standards for the first year of clinical training (OMS3) despite feedback and direction

**Below expectations** – performs below expectations for the first year of clinical training (OMS3). 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 (OMS3); able to perform basic tasks with some prompting and direction

**Above expectations** – performs above expectations for their first year of clinical training (OMS3); requires minimal prompting and direction to perform required tasks

**Exceptional** – performs well above peers; able to model tasks for peers or juniors, of medical students at the OMS3 level

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

| Clinical skills and Procedure Log Documentation  |   |
|--|---|
| Preceptor has reviewed and discussed the VLMS LOG (Clinical Experience) for this rotation. This is mandatory for passing the rotation for OMS 3. | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |

[illegible][illegible]



|   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Assures professionalism in relationships with patients, staff, & peers.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Displays integrity & honesty in medical ability and documentation.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is well prepared for and seeks to provide high quality patient care.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments: Please note that preceptor comments may be included in the student's Dean's Letter**

| Please identify the areas where the student has shown the greatest strengths. |
|---|
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| Please identify areas for the student to focus on to improve their clinical performance. |
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| Completed by  |   |
|---|---|
| Did the student work with a Resident on this rotation?  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                         |
| Did the student work with a DO on this rotation?  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                         |
| Please verify if this evaluation was completed by:<br><br>(Any student who does not pass the Professional and Ethical Competency section of this evaluation will not receive a passing grade for this rotation) | Consensus <input type="checkbox"/><br>Individual Preceptor <input type="checkbox"/> |

**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: \_\_\_\_\_

**\*\*Please submit your completed student evaluation within 1 week of the conclusion of the rotation.**

Please enter your evaluation online at <http://intranet.vcom.vt.edu/clinical/Login>.  
If you need password assistance, contact your VCOM Site Coordinator. If computer access is not available, you may forward a copy of this to the appropriate contact person shown below:

**• Carolina Campus**

Email: [oms3evaluationscc@carolinas.vcom.edu](mailto:oms3evaluationscc@carolinas.vcom.edu)  
Fax: 864.804.6991

**• Virginia Campus**

Email: [oms3evaluationsvc@vt.vcom.edu](mailto:oms3evaluationsvc@vt.vcom.edu)  
Fax: 540.231.6298

**• Auburn Campus**

Email: [oms3evaluationsac@auburn.vcom.edu](mailto:oms3evaluationsac@auburn.vcom.edu)  
Fax: 334.442.4097

**• Louisiana Campus**

Email: [oms3evaluationslc@ulm.vcom.edu](mailto:oms3evaluationslc@ulm.vcom.edu)  
Fax: 318.342.7279