

VCOM 4th Year Preceptor Evaluation

Please select student's home of	campus: Aubu	rn 🗌 Caroli	inas	inia 🗌 Loui	siana		
Printed Student Name:		Star	t Date:	En	d Date:		
Printed Preceptor Name and I		Discipline:					
The below performance ratings are designed to evaluate a student engaged in their 4 th year of clinical rotations which corresponds to their second year of full time clinical training.							
Unacceptable – performs belo and direction Below expectations – perform feedback and direction but still Meets expectations – perform prompting and direction Above expectations – perform	s below expecta I requires maxim s at the expecte	tions for the sec nal supervision a d level of trainir	cond year of clini nd continual pro ng (OMS4); able t	cal training (OM empting and dire to perform basic	S4). Responds t ection to achieve tasks with some	o tasks	
prompting and direction to per	•						
Exceptional – performs well ab	ove peers; able	to model tasks f	for peers or stud	ents in the first	year of clinical tr	aining.	
Place a check in the appropriate column to indicate your rating for the student in that particular area.							
Oti		ea of Evaluation -	Communication Meets	Albania	Etil	NI/A	
Question	Unacceptable	Below Expectations		Above	Exceptional	N/A	
		Expectations	Expectations	Expectations			
1. Effectively listen to patients, family, peers, & healthcare team.				Expectations			
peers, & healthcare team. 2. Demonstrates compassion and respect in patient communications. 3. Effectively collects chief complaint and history.							
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5. Identifies correct management plan considering contraindications & interactions.						
Area of Evaluation – Clinical Skills						
Question	Unacceptable	Below Expectations	Meets Expectations	Above Expectations	Exceptional	N/A
1. Assesses vital signs & triages patient according to degree of illness.						
2. Performs an appropriate HEENT exam and identifies pertinent findings and abnormalities.						
3. Performs an appropriate cardiopulmonary exam, including auscultation, and identifies pertinent findings and abnormalities.						
4. Performs an appropriate gastrointestinal / abdominal exam, including auscultation and palpation, and identifies pertinent findings and abnormalities.						
5. Performs an appropriate neurologic exam and identifies pertinent findings and abnormalities.						
6. Performs a thorough physical exam pertinent to the patient's chief complaint						
		Area of Evaluati	on - OMM			
Question	Unacceptable	Below Expectations	Meets Expectations	Above Expectations	Exceptional	N/A
1. Applies osteopathic manipulative						
medicine successfully when appropriate.						
appropriate.	Area	of Evaluation – M				
appropriate. Question			ledical Knowledge Meets Expectations	Above Expectations	Exceptional	N/A
Question 1. Can identify & correlate anatomy, pathology and pathophysiology related to most disease processes.	Area	of Evaluation – M Below	Meets			
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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 identi	fy the areas w	here the stude	ent has shown	the greatest st	rengths.	
Please identify ar	reas for the stu	ndent to focus	on to improve	their clinical p	performance.	
Please verify if this	evaluation wa	ns completed b	y (please chec	k one):		
☐ Consensus ☐ Individual	preceptor					

Physician Information Section:

Please Print:

The following information must be completed <u>in full</u> 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.

First Name:			
Last Name:			
Name of Practice or	r Hospital:		
Region:			
Mailing Address:			
City:	State:	Zip Code:	
Email:		-	•
Phone:			
Please indicate:			
D.O. 🗆	M.D. □		
AOA number if DO:			
Preceptor Signature:		Date:	
By typi	ing my name above, I understand and agree that	this form of electronic signature has the same legal force ar	nd effect as a manual signatur

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

You can complete your evaluation online at http://intranet.vcom.vt.edu/clinical/Login or you can complete this form either by typing directly on the form or by printing it out and writing in your responses and sending a copy to the appropriate contact person (shown below) or VCOM Clinical Site Coordinator. If you need password assistance, contact your VCOM Site Coordinator.

Carolina Campus

Email: oms4evaluationscc@carolinas.vcom.edu

Fax: 864.804.6991

Virginia Campus

Email: oms4evaluationsvc@vt.vcom.edu

Fax: 540.231.6298

Auburn Campus

Email: oms4evaluationsac@auburn.vcom.edu

Fax: 334.442.4097

Louisiana Campus

Email: oms4evaluationslc@ulm.vcom.edu

Fax: 318.342.7279