

Leave the following blank if you are the evaluator.

I am submitting this evaluation on behalf of:

It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship).

Yes

No

I am a(n):

Attending

Resident

Check and comment on the rating you give this student for each category below:

Complete Evaluation for Rubric "Elective Rubric NEW 2025-"				
	Not Meeting Expectations (0)	Meeting Expectations (0)	Exceeding Expectations (0)	Not Observed
History Taking and Physical Examination (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application of Medical Knowledge (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Reasoning (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedural Skills (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral and Written Communication Skills (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal communication with patients and healthcare team (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Feedback and Self reflection (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism • Upholds standards, promotes ethical care, demonstrates integrity and respect for patients of diverse backgrounds • Accountable to patients and to the profession (1 point)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Comments				

Overall Course Grade

Honors

High Pass

Pass

Fail

I have given the student verbal feedback consistent with this evaluation.

Yes

No
