

AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE

COMPREHENSIVE STUDENT CLERKSHIP ASSESSMENT FORM

	Student Name			ID#
2 x 2	Clinical Datation			
	Clinical Rotation	□ Core	Start Date:	End Date:
Picture		☐ Elective		onday and end on Friday

In Process

Patient Care:				
			riate, and effective for the treatment of heal s differential diagnoses, patient-centered n	
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				
1edical Knowledg	ge:			
	_		linical sciences and applies that knowledge	
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				
		In	Proce	255
nterpersonal and (Communication	Skills:		
emonstrates skills (i.e	e. listening, respond	ling) that result in e	effective information exchange between pa	tient, family, and healthcare team.
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				
Practice-Based Lea	arning and Impr	ovement:		
Demonstrates the abilitare based on constant			are, to appraise and assimilate scientific ev	idence, and to continuously improve pa
	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Outstanding	Competent			

Systems-Based Le	earning:			
Demonstrates awarene resources in the system			context and system of health care, as well a	s the ability to call effectively on other
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				
Professionalism:				
Demonstrates commit	ment to professional	development and	ethical principles and sensitivity to patient/	family and peer diversity.
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				
				ess
Student Portfolio:				
Provides information	about student's expo	sure to patients and	academic curricular and non-curricular ac	tivities.
Outstanding	O Competent	O Adequate	O Inadequate, remediation required	O Not Observed/Insufficient Data
Comments				

Mandatory Comments for MSPE	
THIS COMPREHENSIVE STUDENT CLERKSHIP AS	SSESSMENT
FORM WAS DISCUSSED WITH THE STUDENT.	70200.121.12
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Name of Supervising Physician:	Supervising Physician's Phone:
Signature of Supervising Physician:	Date of Evaluation:
Name of Director of Medical Education:	
Director of Medical Education Comments:	
Director of Miculean Education Comments.	
Signature of Director of Medical Education:	Date of Signature: