TEMPLE UNIVERSITY SCHOOL OF MEDICINE  
Doctoring II  
Student Performance Evaluation

<table>
<thead>
<tr>
<th>History</th>
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<tbody>
<tr>
<td>Misses significant elements of HPI; unable to categorize and prioritize information; asks irrelevant or inappropriate questions</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Includes major elements of HPI; misses significant PFSHx that impacts HPI; Add’l PFSHx excluded or uninformative</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Thorough, systematic and focused in a manner that indicates a clear understanding of patient complaint(s)</td>
<td>✗</td>
<td>✗</td>
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<tr>
<th>Physical Exam</th>
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<tbody>
<tr>
<td>Lacks basic PE skills in one or more fundamental areas; fails to perform important PE parts or misses important physical findings</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Generally complete PE; may exclude less obvious elements of PE. May misinterpret occasional significant physical findings</td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>Thorough and accurate PE; correctly identifies significance of findings. May miss subtle PE findings</td>
<td>✗</td>
<td>✗</td>
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<tr>
<th>Written Patient Documentation</th>
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<tbody>
<tr>
<td>Missing significant elements with poor organization and/or inaccuracies. May lack an assessment/plan</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Includes most significant elements with good organization.</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>N/A</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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Student Name: _______________________________
Preceptor Name: _______________________________

**Preceptor E-Mail Address** _______________________________

Preceptor Phone Number _______________________________

Name/phone of contact person at your site who handles student issues

Number of sessions completed (4 required): ____________
### Oral Patient Presentations

- **v** Disorganized, incomplete, and/or illogical presentations
- **v** Fairly well organized and logical. Includes most important information
- **v** Organized, logical, complete, clear, pertinent facts discussed

### Reliability, Initiative, Dependability

- **v** Doesn’t do assigned tasks; late or absent without notification or excuse
- **v** Frequently late or absent with excuse; Does assigned tasks but rarely more
- **v** On time; completes assigned tasks and often seeks additional responsibility

### Interpersonal Skills with Patients

- **v** Lacks respect for patients; inappropriately judgmental or lacking empathy
- **v** Functional communication; may occasionally lack rapport or may be judgmental
- **v** Empathetic; easily establishes rapport; recognizes verbal and nonverbal patient cues

### Interpersonal Skills with Faculty and Staff

- **v** Disrespectful, unreliable, uncooperative and/or manipulative. Did not respond to constructive feedback
- **v** Some difficulties with faculty and/or staff but responded to constructive criticism
- **v** Eager and enthusiastic. Worked well with all faculty and/or staff

### ASSETS

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### AREAS TO IMPROVE

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Please return evaluations to: **FAX 215-405-0905**
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2100 SPRING GARDEN ST.
PHILADELPHIA, PA 19130
Attn: Jean Forsyth
215-405-0900