

Emergency Medicine Clerkship Shift Evaluation Form

Place completed evaluation form in the large white box labelled "Learner Evaluations" the physician room located within the Emergency Department

Fill out an evaluation form every shift with your staff physician supervisor.

Student: _____

Date: _____

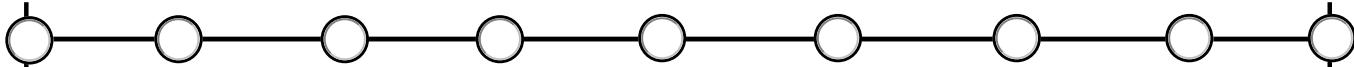
Supervising Emergency Physician: _____

COMPENTENCY	Unsatisfactory	Below Expectation	Meets Expectations	Exceeds Expectations	Outstanding	Unable to Asses
Medical Expert (knowledge, problem, formulation)	<input type="checkbox"/>					
Medical Expert (procedural skills)	<input type="checkbox"/>					
Communicator (written records, oral, patient interaction)	<input type="checkbox"/>					
Collaborator (team participation, role awareness)	<input type="checkbox"/>					
Manager (resource use)	<input type="checkbox"/>					
Advocate (health promotion response to patient's health needs)	<input type="checkbox"/>					
Scholar (self-directed, evidence based)	<input type="checkbox"/>					
Professional (ethics, responsible)	<input type="checkbox"/>					

Strengths and suggestions for improvements:

(Please document any specific concerns)

Rate the student's overall performance on this shift on the line below



EM CORE SKILLS DONE ON SHIFT	Completed	Comments / MD. Initials
Splinting	<input type="checkbox"/>	
Laceration repair	<input type="checkbox"/>	
ECG interpretation	<input type="checkbox"/>	
CXR / Extremity interpretation	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Emergency Physician Signature: _____

Student Signature: _____