



\* indicates a mandatory response

# LLU School of Medicine SURGERY ICU Clinical Performance Evaluation of Student

	Unable to Evaluate	Area of Concern	Proficient
<b>History Taking / Physical Examination Process</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Fund of Knowledge</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Application of Knowledge / Clinical Problem Solving Ability</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Appropriate Appearance &amp; Demeanor</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Knows Assigned Patients in Detail</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Respects Each / Every Patient as Unique Individual</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Effective Communication with Patient / Family</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Effective Communication with other Physicians / Staff in Coordination of Patient Care</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Time Efficient / Equitably Shares Workload</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

	Unable to Evaluate	Area of Concern	Proficient
<b>Technical / Procedural Skills Appropriate for Level of Training</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If applicable, explain Area of Concern.

**Comment on any area of strength.**

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**The following will be displayed on forms where feedback is enabled...**  
(for the evaluator to answer...)

\*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes  
 No

*(for the evaluatee to answer...)*

\*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No