

**INTERNATIONAL ELECTIVE CLINICAL CLERKSHIP ROTATION EVALUATION**  
**Michigan State University – College of Osteopathic Medicine**

Part I: To be completed by student (please print legibly):

Student's Name: \_\_\_\_\_

Year \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup>

Name of Service: \_\_\_\_\_

Clinical Instructor/s: \_\_\_\_\_

Practice license number \_\_\_\_\_

Expiration date \_\_\_\_\_

Board certification information \_\_\_\_\_

Date of rotation: FROM \_\_\_\_\_ TO \_\_\_\_\_

Country of Clinical Site: \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE**

Course No. \_\_\_\_\_

Section \_\_\_\_\_

Credits \_\_\_\_\_

Semester \_\_\_\_\_

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Part II: To be completed by instructor. At the conclusion of the international rotation, rate the student in the following areas by placing a check mark ( ✓ ) in the appropriate box for each category.

**History Taking:** The student obtains an organized and complete history.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Physical Examination:** The student performs a complete physical examination which accurately identifies pertinent findings.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Clinical Problem Solving:** The student is logical and concise in data interpretation, demonstrates an understanding of patient problems and appropriately selects tests, avoiding unnecessary procedures.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Record Keeping:** H&P reports are accurate and complete, progress notes are orderly and informative using SOAP format, and orders are consistent with patient problems.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Professionalism:** The student demonstrates consideration and respect with peers, personal, and patient and takes responsibility for patient care appropriate for his/her level of training.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Cultural Competency:** The student demonstrates sensitivity to the host country's customs/culture, did not engage in any political discussion, and showed sensitivity to patients' belief.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Practice-based Learning:** The student demonstrates commitment to learning by willingly carrying out all assignments, by engaging in independent learning and by seeking scientific evidence to help care for patients.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Knowledge:** The student's knowledge base is appropriate for his/her level of training, and the student is able to apply knowledge to clinical problems.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Psychomotor Skills:** The student is able to perform basic psychomotor skills appropriate to his/her level of training.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Daily Log:** Please review the student's daily log and assess whether he/she has accurately represented patient encounters.

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Overall Rating**

\_\_\_\_\_ Unsatisfactory

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Exceptional

\_\_\_\_\_ Not Observed

**Comments:**

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**Recommendation:**

I recommend that this student receive a

\_\_\_\_\_ PASS

\_\_\_\_\_ NOT PASS

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Part III: **Signatures:** Clinical instructor please review evaluation with student, both sign and send to Prof. Reza Nassiri, Director of International Clinical Electives.

1. Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

2. Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or e-mail ([Reza.Nassiri@hc.msu.edu](mailto:Reza.Nassiri@hc.msu.edu)) completed form (within two weeks of completion of rotation) to:**

MSU/COM International Clinical Clerkship Office/IIH, B-319 West Fee Hall, East Lansing, Michigan 48824, USA.