



Baldwin Wallace University Physician Assistant Program – Elective Evaluation of Student Performance

Student _____

Evaluator name and credentials _____

Assessment Levels

- **Honors:** Consistently performs skill at professional level. Seldom requires supervision.
- **Satisfactory:** Needs direction but appears to be on-track to be ready for practice at graduation
- **Unsatisfactory:** Performance is inconsistent. Requires frequent direction.
- **Not Assessed:** Insufficient opportunity to assess the student in skill area

<i>Please assess the student's competency for their level of training.</i>	H	S	U	NA
Elicits a comprehensive history from patients	_____	_____	_____	_____
Performs the appropriate physical examination of a patient	_____	_____	_____	_____
Identifies, orders, performs and/or interprets routine diagnostic studies	_____	_____	_____	_____
Formulates appropriate differential diagnoses	_____	_____	_____	_____
Prepares a problem list	_____	_____	_____	_____
Able to form and manage patient treatment plans	_____	_____	_____	_____
Recommends / prescribes medications or other therapy for the treatment of patients	_____	_____	_____	_____
Performs diagnostic and/or therapeutic procedures	_____	_____	_____	_____
Records pertinent patient data	_____	_____	_____	_____
Demonstrates effective oral communication	_____	_____	_____	_____
Instructs and counsels patients	_____	_____	_____	_____
Arranges appropriate patient referrals and follow-up	_____	_____	_____	_____
Applies critical and creative thinking skills	_____	_____	_____	_____
Demonstrates initiative for learning	_____	_____	_____	_____
Incorporates efficient time management and organization	_____	_____	_____	_____
Displays respectful behaviors when interacting with patients and diversity	_____	_____	_____	_____
Displays empathy and respect in patient and team interactions	_____	_____	_____	_____
Understands role on the interprofessional healthcare team	_____	_____	_____	_____
Accepts feedback and adapts behavior(s) appropriately	_____	_____	_____	_____
Knows limitations and acts responsibly	_____	_____	_____	_____
Follows through on patient care and tasks	_____	_____	_____	_____
The student has achieved the program's learning outcomes expected of students for the Elective course.	Yes _____	No _____	Please provide comments for a "No" response	
Comments				

Overall assessment of rotation performance: ____ Honors ____ Satisfactory ____ Unsatisfactory

Evaluator signature _____ Date _____

Student signature _____ Date _____