

Student Name: _____

PBL/Dr-Pt Communication Evaluator: _____

Please combine feedback from PBL and Dr/Pt Communication Sessions. **Rankings outside of the 'Competent' level require comment**

	Advanced (Requires comment on Page 2 of this sheet)	Competent	Developing (Requires comment on Page 2 of this sheet)	Unacceptable: Needs Attention (Requires comment on Page 2 of this sheet)
1. Insight into student's own strengths and weaknesses	<input type="checkbox"/> Thoughtful, accurate self-assessment and excellent integration of feedback into improved performance.	<input type="checkbox"/> Accurate self-assessment, integration of feedback into improved performance.	<input type="checkbox"/> Somewhat inflated or overly negative self-assessment, or some difficulty accepting and using feedback	<input type="checkbox"/> Highly inflated or destructively negative self-assessment. Active denial of feedback
2. Written communication	<input type="checkbox"/> Thorough, precise, well-organized written reports. Integrates evidence-based information into conclusions. Perfectly referenced using primary EBM sources.	<input type="checkbox"/> Accurate written reports. Clearly stated conclusions. Good references.	<input type="checkbox"/> Incomplete, out of date, or poorly organized written reports. Suboptimal number or type of references, eg relies on UpToDate	<input type="checkbox"/> Inaccurate, sloppily done or absent written reports. Poorly referenced.
3. Oral presentation skills	<input type="checkbox"/> Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written prompts. Provokes thought & discussion.	<input type="checkbox"/> Communicates clearly and concisely. Information complete. Follows written report.	<input type="checkbox"/> Communication disorganized. Information not clearly presented. No distinction between written and oral reports (i.e. reads report)	<input type="checkbox"/> Misses key information. Outdated.

Comments Section

Please provide comment on all “Advanced”, “Needs Improvement” or “Unacceptable” ranking(s). *Attach sheets if necessary*

Please comment on this student's overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter). *Attach sheets if necessary.*

Please comment on areas where the student's performance will benefit from enhanced skill development. These comments will NOT appear in the MSPE. **(FOR STUDENT ONLY)** *Attach sheets if necessary.*

I have reviewed this evaluation with the student: ___Yes ___No

PBL and Dr/Pt Communication Evaluator Name

Signature

Date