

**Loyola University Chicago Stritch School of Medicine
Emergency Medicine Clinical Evaluation**

Student Name: _____ **Date** _____ **Faculty Name:** _____

	Fail	Low 1/3 of Class	Middle 1/3 of Class	Top 1/3 of Class	Top 10% of Class	N/A
<u>Medical Knowledge:</u>						
<u>Communication:</u> Rapport with patient and family plus ability to communicate with healthcare team						
<u>Professionalism:</u> Work ethic - willingness to assume responsibility Commitment to the Emergency Medicine rotation						
<u>Patient Care:</u> Ability to develop and justify an appropriate differential and a cohesive treatment plan						
<u>Lifelong Learning:</u> Utilization of IT resources to solve clinical problems						
<u>Social & Community:</u> Ability to utilize and work well with ancillary staff - respectful, considerate						

Overall assessment:

Fail

Pass

High Pass

Honors

Comments:

Faculty Signature

Date

By signing this form, you agree to submit ALL evaluations completed about you during this clerkship-- each unaltered after completed/signed by the evaluator(s).

Only originals accepted if submitted by student.