



| Liberty University College of Osteopathic Medicine Evaluation of Student by Preceptor | | | | | |
|---|--|--|--|--|-------------------------|
| Question 1 of 8 - Mandatory | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Professionalism <i>Exhibits behaviors that demonstrate integrity</i> | Unreliable, dishonest, avoids responsibility, commitment uncertain, dresses inappropriately, unexplained absences, verbal and nonverbal disrespect towards preceptor, does not recognize own limitations and the need to seek assistance | Sometimes late, not consistently able to complete assignments or tasks | Punctual, dependable, accepts responsibilities; demonstrates a willingness to accept feedback regarding necessary change(s) | Diligently fulfills responsibilities and seeks new responsibilities | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |
| Question 2 of 8 - Mandatory | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Professionalism <i>Exhibits behaviors that demonstrate compassion</i> | Unable to comprehend the point of view and emotional state of other people, judgmental of others, fails to recognize and respect cross- cultural and gender differences | Not consistently considerate of the feelings and emotional needs of others; sometimes judgmental | Appropriately shows concern for others' feelings and interacts accordingly; recognizes and respects cross- cultural and gender differences | Has genuine concern for patients' emotional needs; spends time listening empathetically; motivated by kindness | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |



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|--|---|--|--|--|-------------------------|
| Question 3 of 8 - Mandatory | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Data Gathering: History / Interviewing Skills | Inefficient, disorganized, weak prioritization skills, misses major findings | Frequently asks too much/ too little history, identifies most problems but doesn't fully characterize them | Gets a complete and accurate history | Skillfully interviews patients and carefully characterizes problems in depth | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |
| Question 4 of 8 - Mandatory | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Data Gathering: Physical Examination Skills | Fails to appreciate physical findings and pertinent information, insufficient attention to psychosocial issues | Occasionally misses findings, performs inappropriate or faulty exams | Performs exams of appropriate scope and accuracy | Exam perceptive, thorough, accurate and efficient | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |
| Question 5 of 8 - Mandatory | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Clinical Reasoning: Prioritize a Differential Diagnosis | Not able to organize or prioritize patient data in formulating a differential diagnosis based on common presentations | Applies basic, clinical science knowledge to the most common medical conditions; premature closure when working on differential diagnosis; overwhelmed by clinical ambiguity | Demonstrates working knowledge of pathophysiology and is able to use assessment skills to formulate a differential diagnosis. Does not utilize all sources of data | Demonstrates good clinical reasoning, integration of patient data, formulation and prioritization of potential diagnosis | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |



| <i>Question 6 of 8 - Mandatory</i> | <i>Unacceptable</i> | <i>Minimally Competent</i> | <i>Competent</i> | <i>Proficient</i> | <i>Not Observed</i> |
|---|--|--|--|---|----------------------------|
| <p>Clinical Reasoning: Recommend and Interpret Common Diagnostic and Screening Tests</p> | <p>Lack of ability to understand which tests or imaging to order to assess common diagnoses. Does not understand concepts of pretest probability. Frequently recommends unnecessary tests. Unable to articulate how test results affect diagnosis or treatment. Unable to formulate an appropriate treatment plan.</p> | <p>Inconsistent in ordering and interpreting basic diagnostic tests. Recommends standard templates but is not able to explain the role of each study in diagnosis and management. Does not always consider the cost/benefit of tests. Beginning to formulate a basic treatment plan.</p> | <p>Recommends reliable, cost-effective tests. Explains how results of tests will influence diagnosis and management. Correctly interprets abnormal laboratory and imaging findings for common tests. Shows competency in recommending an appropriate treatment plan and medications.</p> | <p>Routinely recommends reliable, cost-effective tests. Explains how results of tests will influence diagnosis, management and health-risk stratification and subsequent evaluation. Identifies critical values and responds correctly. Able to develop a therapeutic strategy that may incorporate patient education, dietary adjustment, an exercise program, drug therapy, and the participation of nursing and allied health professionals.</p> | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |



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| <i>Question 7 of 8 - Mandatory</i> | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Clinical Skills: Oral Presentations | Missing major pieces of information, inaccurate reporting | Beginning to demonstrate ability to prioritize information and identify conditions requiring follow up; cannot demonstrate ability to prioritize information according to clinical setting and need | Demonstrates ability to prioritize information and provide oral presentation of clinical encounter; clinical reasoning unclear at times | Demonstrates good clinical reasoning, integration of patient data, formulation and prioritization of potential diagnosis. Selects a working diagnosis and presents to a health care team. | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |
| <i>Question 8 of 8 - Mandatory</i> | Unacceptable | Minimally Competent | Competent | Proficient | Not Observed |
| Clinical Skills: Documentation of Clinical Encounter | Documentation is grossly insufficient or excessive. Documentation contains inappropriate abbreviations. | Beginning to provide clearer documentation of evaluation. Needs to work on demonstrating more focused documentation in acute settings. Needs to work on being aware and correcting documentation errors. | Provides clear documentation of a patient encounter that is appropriate to the setting. Formulations need to be more concise. | Demonstrates ability to synthesize and prioritize formulation of potential diagnosis. Selects working diagnosis and documents appropriate orders and prescriptions. | |
| | 1 | 2 | 3 | 4 | |
| | 0 | 0 | 0 | 0 | 0 |