



KASTURBA MEDICAL COLLEGE

MANIPAL

(A constituent unit of MAHE, Manipal)

Clinical Elective Performance Evaluation Form

STUDENT INFORMATION					
Name:			Program name:		
ELECTIVE INFORMATION					
Elective/Course name:		In-person/Virtual	Name of the host medical school		
Elective/ Course Director (Name and signature)		Start Date	Completion Date		
EVALUATION					
Please check the option that is applicable. <i>Exceeds Course requirements: 3</i> <i>Meets Course requirements: 2</i> <i>Needs remedial measures:1</i> <i>Not evaluated: 0</i>					
		3	2	1	0
Knows relevant facts					
Understands the concepts					
Critically appraises and applies literature					
Develops evidence-based diagnostic and therapeutic plans					
Uses EHRs and electronic references to obtain information needed for effective patient care					
Develops plans for patient's continued care and follow-up					
Can perform select procedures in controlled settings with supervision					
Uses Resources (Library, Lab)					
Verbal Communication Skills					
Written Communication Skills					
Relates and Works well with others					
Accepts responsibility					
Accepts and acts upon feedback appropriately					
Treats all patients with respect and compassion; maintains patient confidentiality					
Is Motivated and Takes Initiative					
Comments:					
Overall Grade: Please check one		Excellent	Pass	Fail	Insufficient information

NOTE

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE) NOTES: We strongly encourage recording any observations that characterize the assets and liabilities of this student in relation to the elective. These comments will be included in the MSPE if the completed assessment is received by mid-September of the year in which the student will graduate.

Please return the completed evaluation form to
Smc.kmcmanipal@manipal.edu and office.kmc@manipal.edu

Student Mobility Center,
Administrative Complex,
Kasturba Medical College, Manipal,
Manipal Academy of Higher Education

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