

Tuskegee University College of Veterinary Medicine  
**PRECEPTOR'S EVALUATION OF STUDENT PARTICIPATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTIONS TO PRECEPTOR:** This form is to be completed and returned via email to:

Dr. David McKenzie at dmckenzie@tuskegee.edu, and Ms. Phyllis Penn at ppenn@tuskegee.edu  
 Tuskegee University College of Veterinary Medicine, Tuskegee, AL 36088

**IMPORTANT:** Submission of this form is a requirement for graduation. Please give a candid appraisal of the student/preceptee's performance in the categories which are applicable to your particular practice, agency or organization by entering **the point value** associated with your rating, based on the descriptions under each rating and category. If you did not observe actions in a particular category, e.g., History/Physical Examination, or if the work done is not relevant to a category, then designate N/A for that category. It is anticipated that the categories with the \*\* can still be answered by most non-clinical entities.

Thank you and your staff for mentoring TU students. We also thank you for taking the time to assess each student. Your assessment of each student's performance is essential in improving his/her clinical and critical thinking skills.

Below expectations	Acceptable performance	Expected performance	Exemplary performance	Points	N/A
≤7	8	9	10		
<b>1. History/Physical Examination</b>					
Unable to perform accurate and complete histories without frequent omissions. Examinations incomplete, inaccurate or findings consistently misinterpreted.	Performs histories and examinations satisfactorily. Occasional omissions or inaccuracies, but generally well organized.	Almost always identifies and characterizes historical information accurately. Efficiency or ability to recognize and address physical examination subtleties can be improved.	Takes thorough and organized histories. Performs accurate and complete examinations in a timely manner. Able to elaborate key physical examination findings and associated subtleties.		
<b>2. Patient Assessment/Clinical Decision Making</b>					
Problem identification, patient assessments, and/or diagnostic/therapeutic plans are usually inaccurate or incomplete. Consistently fails to obtain and properly interpret test results. Has poor understanding of when secondary or tertiary-level advice or care should be sought.	Problem identification, patient assessments, and/or diagnostic/therapeutic plans are occasionally inaccurate or require assistance. Occasionally fails to obtain and properly interpret test results. Limited understanding of when secondary or tertiary level advice or care should be sought.	Correctly identifies and assesses most of patient's problems. Appropriate diagnostic and therapeutic plans are usually presented. Obtains and assesses most diagnostic test results independently of instructor. Displays good understanding of secondary or tertiary-level advice or care should be sought.	Accurately identifies all patient problems. Appropriate diagnostic and therapeutic plans are always suggested. Diagnostic test results are promptly obtained and correctly assessed independently of instructor. Has very clear and sound understanding of when secondary or tertiary-level advice or care should be sought.		
<b>3. Diagnostic Skills</b>					
Has poor understanding of diagnostic tests and protocols; choose cannot usually choose appropriate diagnostic tests and diagnostic tests knows scheduled as needed; patients prepared and usually prepared	fair understanding of diagnostic tests and protocols; appropriate difficulty diagnostic tests; diagnostic available options; all often not diagnostic tests scheduled as and ready on patients prepared	good understanding of diagnostic tests and choosing appropriate can tests diagnostic tests; scheduled; patients needed; usually not prepared and ready on time. time.	solid understanding of diagnostic protocols; tests and protocols; can usually choose appropriate diagnostic tests diagnostic tests; scheduled with prompting; and ready on patients often not ready on time. time.		
<b>4. Knowledge Base**</b>					
Knowledge base is poor and inconsistent.	Satisfactory knowledge base in most subject areas.	Displays good knowledge base.	Displays superior knowledge.		

5. Rounds/Journal Discussion and/or Team Meetings**					
Poor participation suggestive of minimal preparation or outside reading/research. Can't or won't answer direct questions accurately. Not prepared to discuss assignments.	Participates in rounds/ meetings when called upon. Most responses accurate. Evidence of reading about own cases/, but little other outside reading. Case presentations are generally accurate, but unorganized. Minimally prepared to discuss assigned journal reading.	Rounds participation indicates some external reading. Accurate responses on most occasions. Presents cases in an organized and understand able manner. Reasonably prepared to discuss assigned journal reading.	Actively participates in discuss ion of primary cases and others cases. Evidence of outside reading. Accurately interprets and weighs conflicting information. Case/problem information presented accurately and concisely. Prepared to discuss assigned journal reading with notes or supporting journal articles.		

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Below expectations	Acceptable performance	Expected performance	Exemplary performance	Points	N/A
≤7	8	9	10		
<b>6. Patient Care and Welfare</b>					
Oversight, poor organization or negligence results in missed treatments / inadequate patient care. Potential for significant compromise of patient's health.	Basic patient needs consistently met, additional needs met as directed. Occasional insignificant errors, which are promptly reported/corrected.	Consistently conscientious in providing treatment and care. Identifies trends and recommends or initiates improvements in patient care.	Provides exceptionally high quality care in a timely manner; anticipates patient needs; identifies new problems; concerned for the welfare of patients and often volunteers to help others.		
<b>7. Technical Skills**</b>					
Unable to perform many technical (procedural, animal handling) tasks. Poorly organized and lacks knowledge about procedures.	Most technical tasks (procedural, animal handling) performed satisfactorily and in a timely manner.	Shows above average skill in performing technical tasks and animal handling.	Performs technical (procedural, animal handling) tasks extremely well. (has dexterity, is organized and does not stress the patient.)		
<b>8. Surgical/Anesthesia and Pain Management Skills</b>					
Poor aseptic technique. Limited Gifted surgical skills. Thorough knowledge of use of assessment, preanesthetic understanding of induction agents, preanesthetics, assessment and use of pain	Follows aseptic technique Unfamiliar with most of anesthesia machine. Poor agents, use of agents, pain medications induction anesthesia anesthesia machine.	Good aseptic technique. the time. Basic surgical skills. Reasonable preanesthetics, induction and agents and pain machine. induction agents, medications.	Good Perfect aseptic technique. skills. Good pain surgical skills. assessment. Good use and pain knowledge of anesthesia medications. machine, preanesthetic pain agents, pain medications and		
<b>9. Medical Records and/or Reports**</b>					
Correct format for records/ reports is often not followed. There are often inaccuracies and/or omissions. Records are frequently not completed on time.	Records and/or reports follow correct format. Problem identification and assessment is usually correct, and records are usually completed on time.	Records and/or reports follow correct format and contain all pertinent entries. Records completed on time.	Problem oriented medical records and/or procedural reports are concise, accurate and always completed on time. Reports are easy to read and provide clear case documentation.		
<b>10. Client and/or Team Member Communication**</b>					
Has difficulty communicating information clearly. Fails to communicate or document client/team member communication. Discharge instructions, incomplete, unorganized, or require significant modification. Does not follow-up on cases.	Communication with clients/team members is occasionally inaccurate, late, and/or not well documented. Discharge instructions require corrections/ modifications. Case follow-up performed with prompting.	Client/team members' communications are accurate, timely, and usually appropriately documented. Discharge instructions require few editing changes. Follow-up usually performed, but not always documented.	Communicates and articulates exceptionally well, orally and in writing. Discharge instructions are client-appropriate in wording; very few modifications. Follow-up on cases is exceptional, and always appropriately documented.		

11. Professionalism/Attitude**					
Often demonstrates a lack of interest. Frequently exhibits unprofessional behavior or uses inappropriate language. Dress is often inappropriate. Appears disinterested in rounds and/or disengaged (texting, surfing on mobile device, carrying on other conversations, sleeping, etc.).	Generally has a positive attitude. Demonstrates tact, appropriate interpersonal behavior and language. Usually dressed appropriately. Moderate interest in rounds or other patient related activities/discussions.	Enthusiastically performs responsibilities without prompting. Behavior, interactions and dress are always appropriate. Good interpersonal skills. Consistently mature, honest and respectful. Engaged in rounds/willing to learn.	Outstanding work ethic. Self- Starter. Behavior, and inter- personal skills are consistently outstanding. Always dresses professionally. Overtly demonstrates maturity, honesty, and respect in interactions with faculty, house- officers, staff, and peers. Eagerly engaged in rounds.		
12. Compliance/Work Ethics**					
Willfully fails to follow given instructions. Argumentative beyond debate-level discussion. Unacceptable interpersonal interactions with faculty/house-officers, staff, peers. Unwilling to perform required duties or vocally complaintive about expected duties.	Performs clinical/work duties without significant redirection or prodding. Acceptable inter- personal interactions among faculty/house-officers/staff/ peers. Demonstrates acceptable level of respect for all faculty, house-officers, staff, and peers.	Performs clinical\work duties as expected without any prodding. Good interpersonal interactions among faculty/ house - officers/staff/peers. Positive level of respect for all faculty, house-officers, staff, peers.	Performs clinical/work duties beyond expected responsibility level. Excellent interpersonal interactions with faculty, house- officers, staff, peers. Respectful in all interactions with faculty, house-officers, staff, peers.		

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Below expectations	Acceptable performance	Expected performance	Exemplary performance	
≤7	8	9	10	Points N/A
<b>13. Ethical Conduct / Honesty**</b>				
Demonstrated unethical behavior/ act: falsified medical/work record. Altered medical /work record or misled instructor to believe treatments/tasks were performed at designated time, but not actually so. Did not administer required after-hours patient care.	Strongly cautioned to not copy/paste Internet or other electronic resources into Medical/Work Record, discharge instructions or case summaries. Demonstrated unwillingness to participate in expected patient care/work tasks: complained or late for weekend/evening treatments or work assignments.	Shows acceptable level of honesty and ethical conduct even in hypothetical scenario discussions. Willingness to participate in expected patient care or work tasks including after-hours.	Demonstrates exemplary level of honesty and maturity with regard to ethical conduct. In clinical settings, considers patient welfare above any other duties or responsibilities and often volunteers to take on more or extended treatment times.	
<b>14. STUDENT ATTENDANCE IN DAYS**</b>			<b>TOTAL DAYS =</b>	
** = Can still be answered by most non-clinical entities.				
<b>15. Additional Comments (Please elaborate on any deficiencies or outstanding performance):</b>				
<b>16. Did you have an opportunity to meet with this preceptee to discuss their performance?</b> ____ Yes        ____ No				
Preceptor Signature: _____ Preceptor Name (print): _____				
Practice/Preceptorship Name (print): _____ Date: _____				
(FOR OFFICE USE ONLY)				
<b>Confidential Comments - Comments in this section can only be viewed by College Administration and are for internal College use only.</b>				