

Template

Medical Student Performance Evaluation for

Student's Legal Name

Month, Date, Year

Identifying Information

_____ is a fourth-year student at _____ in _____.
Student's Legal Name Medical School City, State

Unique Characteristics

(Provide narrative information about distinguishing characteristics exhibited and any significant challenges or hardships encountered by the student during medical school)

Academic History

Date of Expected Graduation from Medical School: _____
Month, Date, Year

Date of Initial Matriculation in Medical School: _____
Month, Date, Year

Please explain any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program. or Not applicable

For transfer students: Not applicable

Date of Initial Matriculation in Prior Medical School: _____
Month, Date, Year

Date of Transfer from Prior Medical School: _____
Month, Date, Year

For dual/joint/combined degree students: Not applicable

Date of Initial Matriculation in Other Degree Program: _____
Month, Date, Year

Date of Expected Graduation from Other Degree Program: _____
Month, Date, Year

Type of Other Degree Program: _____
Degree, Major

Was this student required to repeat or otherwise remediate any coursework during his/her medical education? No Yes - Please explain:

Was this student the recipient of any adverse actions(s) by the medical school or its parent institution? No Yes - Please explain:

Academic Progress

Preclinical/Basic Science Curriculum:

(Provide narrative information about overall, not course-specific, performance)

Core Clinical Clerkships and Elective Rotations:

(Provide a narrative evaluation about each core clinical clerkship and elective rotation taken in chronological order)

Example I

(when school policy requires that students complete all core clerkships prior to enrollment in electives)

Clerkship 1:

Clerkship 2:

Clerkship 3:

Clerkship 4:

Clerkship 5:

Clerkship 6:

Elective 1:

(Provide location if an “away” elective rotation)

Elective 2:

(Provide location if an “away” elective rotation)

Example II:

(when school policy permits interspersal of core clerkships and electives)

Clerkship 1:

Clerkship 2:

Elective 1:

(Provide location if an “away” elective rotation)

Clerkship 3:

Clerkship 4:

Elective 2:

(Provide location if an “away” elective rotation)

Clerkship 5:

Clerkship 6:

Summary

(Provide a summative assessment, in narrative format, of the student’s comparative performance, relative to his/her peers, in medical school, including information about any school-specific categories used in differentiating among levels of student performance)

Signature of School Official

Name of School Official

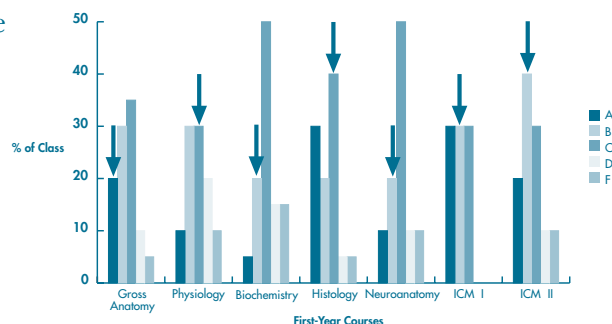
Title

E-mail address

For purposes of illustration only; school-specific course and clerkship names, grading systems, and categories of overall performance will vary by school.

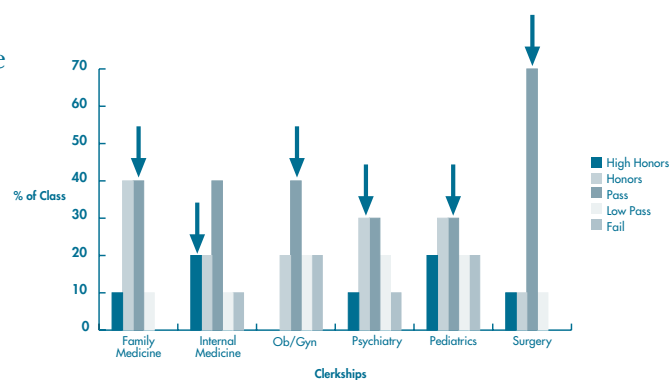
Appendix A

Graphic Representations of Comparative Performance in Preclinical/Basic Science Coursework



Appendix B

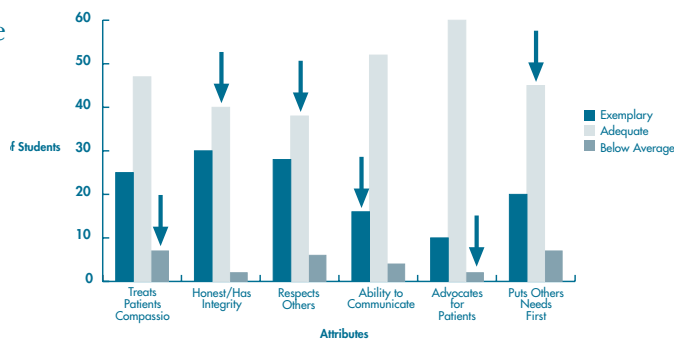
Graphic Representations of Comparative Performance in Core Clinical Clerkships



Appendix C

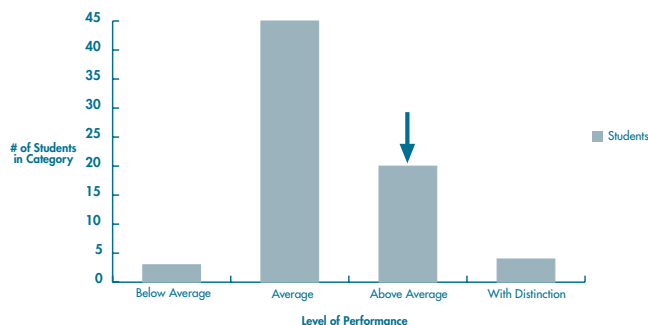
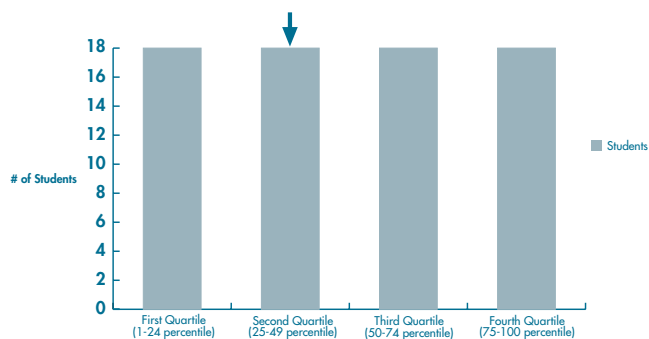
Graphic Representations of Comparative Performance in Professional Attributes

(Final recommendations expected by 2006)



Appendix D

Graphic Representations of Overall Comparative Performance in Medical School



Appendix E

Medical School Information Page

Medical School Name _____

City, State _____

Special programmatic emphases, strengths, mission/goal(s) of the medical school:

Special characteristics of the medical school's educational program:

Average length of enrollment (initial matriculation to graduation) at the medical school:

Years

Months

Description of the evaluation system used at the medical school:

Medical school requirements for successful completion of USMLE Step 1, 2 (check all that apply):

USMLE Step 1:

- Required for promotion
- Required for graduation
- Required, but not for promotion/graduation
- Not required

USMLE Step 2:

- Required for promotion
- Required for graduation
- Required, but not for promotion/graduation
- Not required

Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):

- Completion of course
- Completion of clerkship
- Completion of third year
- Graduation
- Other: _____

Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):

- Reported exactly as written
- Edited for length or grammar, but not for content
- Edited for content or included selectively

Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is:

- Completely in compliance with Guidelines' recommendations
- Partially in compliance with Guidelines' recommendations
- Exceptions:
 - Not in compliance with Guidelines' recommendations

Description of the process by which the MSPE is composed at the medical school (including number of school personnel involved in composition of the MSPE).

Students are permitted to review the MSPE prior to its transmission:

- Yes
- No