Evaluation of Student Performance - Student-Faculty Rounds –
Practice Component of the Integrated Clerkship for Primary Care of Psychiatry

Name of Faculty Evaluator: ___**Dr.**

Date of Rounds**:** _____

Student Name: _____

Topic: _____

TYPE OF CONFERENCE: (circle)

Lecture 75% of session
Physical Diagnosis Practicum
Traditional Case Conference

Mixed Lecture (≤ 50%)/ Problem Solving or Q & A

Other:_____

Please indicate the effectiveness of the following components of the student's presentation:

Excellent	**Unsatisfactory**	
♦ ▪ ▪ ▪ ♦		Communicated learning objectives
♦ ▪ ▪ ▪ ♦		Explained session format and expectations for audience participation. (eg. mini-lecture followed by problem solving, save questions for end, etc.)
♦ ▪ ▪ ▪ ♦		Introduced stimulus material (e.g.: case, article, laboratory or other test reports/data, questionnaire)
♦ ▪ ▪ ▪ ♦		Established a safe, non-threatening learning environment
♦ ▪ ▪ ▪ ♦		Facilitated active participation of most students (eg. used questions effectively, responded creatively to questions, facilitated students interaction with each other, used F/U questions, enabled group problem solving
♦ ▪ ▪ ▪ ♦		Summarized achievement of the session
♦ ▪ ▪ ▪ ♦		Structured time appropriately for amount of material
♦ ▪ ▪ ▪ ♦		Conveyed enthusiasm for topic
♦ ▪ ▪ ▪ ♦		Maintained control of the session

Was Topic suitably focused?

♦_____♦_____♦_____♦ _____♦

Too Broad or complex for time allowed — Just Right — Too Focused

Overall Evaluation
Of student's performance in conducting an organized, effective, stimulating conference.

♦_____♦_____♦_____♦ _____♦

Outstanding — Excellent — Very Good — Satisfactory — Unsatisfactory

WRITTEN COMMENTS ***(required, use reverse if needed)*** Please provide comments on the student's performance. Consider actions that were effective, alternatives that might have been considered, opportunities missed and taken. Elaborate as needed on teaching practices listed above.

Please Give Feedback to the student *(required):*

YES (e-mail) _____ (please cc: maria.volpe@yale.edu) YES (verbal) _____

Return this evaluation to: Maria Volpe, Fax: 203-737-4875 or maria.volpe@yale.edu