Preview Evaluation Form





UMass Worcester SOM - Medicine Department

Evaluator: Site:		
Period: Dates of Activity:		
Activity:	Evaluation Preview	•
Evaluation Type:	FCE Student Assessment	
Do you recomm	nend that the student be awarded credit for th	nic experience? (Question 1 of 11 - Man
No	Yes	
1	2	, ,
experience	nt will have to remediate. Specity .5. ou i should be under your supervision.	(Question 2 of 11)
experience	should be under your supervision.	(Question 2 of 11)
No 1 If no credit is r	should be under your supervision. Yes 2	(Question 2 of 11) ned FCE objectives (eg, attendance, failure to
No 1 If no credit is r	ecommended, provide details specific to defi	(Question 2 of 11) ned FCE objectives (eg, attendance, failure to
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	Option	
	Attendance	
	Effort	
	Participation	
	Other	
What criter	ia were used	I to evaluate student performance? Question 8 of 11 - Mandatory
What <i>criter</i> Selection		I to evaluate student performance? Question 8 of 11 - Mandatory
		I to evaluate student performance? Question 8 of 11 - Mandatory
	Option	
	Option Clinical Skills	
	Option Clinical Skills Case Presentation	
	Option Clinical Skills Case Presentation Journal	ion
	Option Clinical Skills Case Presentation Journal Project Report	ion r

Please provide any comments that you would like to share with the student . You might include items related to medical knowledge, problem solving, judgment skills, motivation, etc. (These may be included in the Medical Student Performance Evaluation) (Question 8 of 11)
Please provide any confidential comments . Confidential comments will not be shared with the
student, although may be used by the Dean to detect or support a pattern of behavior. (Question 9 of 11, Confidential)
What would you change about the experience you designed, based on this student's experience? (Question 10 of 11)
Did the student offer any feedback about the experience and/or FCE program that you would like to share with leadership? (Question 11 of 11)