MID-MONTH _____CLERKSHIP EVALUATION FORM

For each area of evaluation, please mark the box that corresponds to the level at which the student CONSISTENTLY demonstrates the skill/objective. Note: Qualities should be committed in an organized, focused manner AND that subtle findings are elected. Students are not necessarily expected to achieve all boxes on this form as it span training through d* year. Student Self-Assessment Assess skills regarding Patient Encounters, Clinical Reasoning, Professionalism, Team Communication and Self-Directed Learning (see below for reference) Areas of Strength: PCL: Perform and interpret a relevant, problem-focused history and physical examination in a patient. PCL: Perform and interpret a relevant, problem-focused history and physical examination in a patient. Inaccurate. Often misses important information. Patient concern poorly characterized. Sometiness misses important information. Patient concern poorly characterized. Sometiness misses important information in formation. History on tally characterized problems in an organized manner. ISC2: Communicate effectively with patients and their families by listening attentively, allowing opportunities for questions. PISC2: Communicate effectively with patients and their families by listening attentively, allowing opportunities for questions. Often misses patient's concerns and elementary of the patients of the patient concerns and interpret and problems fitting to the clinical psychosocial impact. See a spiral reactions and hidden patient concerns. Often misses patient's concerns and their families by listening attentively, allowing opportunities for questions. Consistently responds to mitting properties eye contact. Waiting appropriate eye contact. Sometines misses patient's concerns and their families by listening attentively, allowing opportunities for questions. Consistently responds to ability to indeption by advocating for the patients of patients of patients on a fair, unbiased, noninjudgmental manner. PIS Demonstrate responsiveneses to the whole p	Student Name:				Dates: From	To:	
Note: Qualities should be <u>cumulative</u> as rating increases. More advance demonstration also indicates the student has <u>mastered</u> all preceding skills. e.g. an outstanding rating for physical exam skill assumes that major findings are identified in an organized, focused manner AND that subtle findings are elicited. Students are not necessarily expected to achieve all boxes on this form as it span training through 4 th year. Student Self-Assessment	For each	area of evaluation please mark the	how that corresponds to the level	at which the student CONSISTE	NTI V demonstrates the skill/object	etiva	
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1 Demonstrates empainy			gams trust.	demonstrates empathy.	provider of patient.		

SBP2: Identify a patient's social context and analyze how it relates to their current state of health.							
Does not recognize patients'	Recognizes the patient's	Identifies key aspects of the	Accurately identifies and	Accurately determines the	N/A		
social/behavioral context.	social/behavioral context.	patient's social/behavioral	determines the impact of	impact on health status.			
Unable to apply knowledge of	Describes the relevant social	context and beginning to	social/behavioral context on	Begins to formulate a patient	-		
social determinants of health	determinants of health.	analyze the impact on health	health status.	centered management plan th			
or to predict impact of social	Attempts to describe the	status.		incorporates the patient's			
context on health status.	impact on patient's health.			social/behavioral context.			
Contont on neutral states.	status. Accuracy and						
	completeness may be lacking.						
Ц							
C	:44 f 411 f 41-		al to students when it is specific. I	7	:£:- 41-:		
omitted in the patient encoun	ter that led you to give them the r		nd giving one two specific ways ir	which the student can continue t	o develop in performing the		
		patient er					
Areas of Strength:			Areas for Improvement:				
		Clinical E	ncounter				
	MK1: Differential	te normal and abnormal structure,	function, growth, and/or develop	ment in a patient			
N			es, injuries, and functional deficits				
			hysiology of diseases, injuries, an		een in this clerkship.		
			n of diseases, injuries, and function				
Does not recognize typical	Recognizes typical clinical	Describes basic	Identifies prevention,	Consistently analyzes	N/A		
clinical presentations of	presentations of common	pathophysiology of common	therapeutic, or management	diagnostic, prevention,			
common diseases, injuries,	diseases, injuries, and	diseases, injuries, and	based on pathophysiology of	therapeutic, or management			
and/or functional deficits.	functional deficits.	functional deficits.	common disease, injuries, and	options.			
und, or ranciforal derions.	Tunetional Generals.	Tantonan administ	functional deficits.	options.			
		П					
7 1, 11 11			em list and differential diagnosis		27/4		
Incomplete problem list.	Consistently identifies a	Complete, prioritized	Consistently generates an	Consistently generates a	N/A		
Differential not attempted.	complete problem list.	problem list. Consistently	expanded differential	complete, patient-centered			
	Attempts a differential	identifies a basic differential	diagnosis. Prioritizes and	differential, including			
	diagnosis.	diagnosis.	attempts to defend differential	psychosocial issues.			
			diagnosis.	Accurately defends			
	_	_		differential.			
PC3: Formulate and justify a plausible plan of care for a patient.							
Suggests inappropriate	Formulates	Formulates a plausible	Formulates an accurate,	Justifies patient-centered	N/A		
treatment options with the	incomplete/unlikely	diagnostic and therapeutic	patient-centered diagnostic	diagnostic and therapeutic			
potential to adversely affect	diagnostic and therapeutic	plan. Correlates to details	and therapeutic plan. Provides	plan based on current			
the patient.	plans. Weak or absent	from H&P/differential.	basic justification.	scientific information.			
Fameur	connection with		J				
	H&P/differential.						
\sqcup		⊔	\sqcup		\sqcup		

Comments: Please provide written feedback comments for the student. Feedback is most helpful to students when it is specific. For example, listing one or two specific things students did or omitted in the patient encounter that led you to give them the ratings you gave in this section, and giving one two specific ways in which the student can continue to develop in performing the patient encounter.						
Areas of Strength:		A	Areas for Improvement:			
	Professionalism,	Self-Directed Learning and	d Interacting with the Hea	lthcare Team		
P2: Demonstrate responsibility		y preparation, full participation in leanal manner by demonstrating comp		care, and timely completion of clerk	ship requirements.	
Unexplained absences, or	Needs prompting to complete	Completes all assigned tasks	Seeks additional	Demonstrates full personal	N/A	
unreliable.	tasks. Follow-up is	without prompting. Punctual.	responsibility. Proactive	ownership all clerkship duties	14/14	
differitable.	inconsistent.	without prompting. I unctuar.	follow-up.	and patient care.		
	inconsistent.		Toffow up.	and patient care.		
		PBLI2: Seek, accept, and apply f				
Rejects feedback. Defensive or	Listens to feedback. No	Accepts feedback. Takes	Seeks feedback. Participates in	Initiates bidirectional feedback	N/A	
argumentative. Avoids	personal ownership for	ownership for improvement	bidirectional feedback.	for goal-directed		
responsibility. Attempts to	growth. Minimal	and generally improves.	Consistently improves.	improvement. Continuously		
blame others.	improvement.			improves.		
PBLI1: Res	pond to clinical questions by inde	pendently seeking, analyzing, and	synthesizing evidence-based answ	vers to advance clinical decision-m	aking.	
Makes little/no effort to	Fills preceptor-identified	Fills self-identified knowledge	Engages in independent	Evaluates and integrates	N/A	
improve preceptor-identified	knowledge gaps with	gaps with independent	reading to prepare in advance.	relevant, evidence-based		
knowledge gaps. Fails to	independent reading.	reading. Accepts ownership of		information to advance		
correct deficit after repeated		self-education.		clinical decision making.		
questioning.						
		П				
_	the role and contributions of and		ionshins with the various member	s of the multi-professional health of	Dara taam	
SBP1: Identify the role and contributions of and establish respectful, effective relationships with the various members of the multi-professional health care team. Respectful of team members. Builds a good rapport with all Establishes tone of mutual						
Disrespectful, disruptive, or	Lacks consideration for others.	Communicates effectively	inter-professional colleagues.	respect and dignity. Places		
antagonistic to team members.	Oversteps student role in team.	with team. Cooperative and	inter professional concagaes.	others' needs before his/her		
		productive team member.		own.	N/A	
		F		2		
Ш						
ISC1: Communicate effectively with members of the healthcare team.						
Tactless or rude. Does not	Listens attentively and can	Obtains and shares most	Obtains and shares	Seeks inter-professional input.	N/A	
listen attentively, requiring	summarize information	information accurately across	information accurately across	Consistently identifies team		
repeated requests or reminders	discussed but uneasy, or	professions/disciplines.	professions/disciplines. Begins	members' perspectives and		
of discussions.	incomplete sharing of		to incorporate other team	responds to concerns.		
	information across		member's perspectives.			
_	professions/disciplines.	_	_	_	_	

ISC5: Share information accurately in academic and clinical settings both in oral presentations and written documentation including in the medical record.						
Does not know facts about patients. Reports inaccurate	Major omissions. Often includes irrelevant facts.	Maintains format. Consistently includes all basic information.	Fluent, concise, and complete.	Tailored to clinical setting. Assigns priority to issues.	N/A	
information.						
P3: Did t	he student adhere to ethical and le	gal principles in all interactions wi	th patients and the healthcare team	n (e.g. HIPAA, informed consent e	tc.)?	
	Yes □			No □		
					-	
Comments: Please provide v	vritten feedback comments for the	student. Feedback is most helpful tings you gave in this section, and	to students when it is specific. For	example, listing one or two speci	fic things students did or	
offitted in the patient encoun	ter that led you to give them the ra	patient ence		men the student can continue to d	everop in performing the	
Areas of Strength:			Areas for Improvement:			
			I meas for improvement.			
					_	
	Addi	tional Global Evaluator	Comments and Feedbac	ek		
Areas of Strength:		l A	Areas for Improvement:			
		Administrative	Use Only			
Report Reviewed with Student? YES NO Required Clinical Experiences Reviewed? YES NO						
			Non- Clinical Requirements Review			
	· -		- ··· · · · · · · · · · · · · · · · · ·			
Printed Name/Evaluator	Signature/	Evaluator	Date			
Timed Name/Evaluator	Signature/	Evatuatut	Date			
Student Signature (verifies review	ew of mid-rotation feedback):					