Medicine Clerkship Evaluation Form

On the following pages, we ask you to evaluate the student who worked with you at some time during the last month. We have changed the evaluation over last year to improve the validity and reliability of the evaluation. To help you and the students, we offer the following guidelines:

1) The evaluation form is intended to be specific and descriptive. As you can see, there are no numbers or percentages. Feedback, Evaluation, and Grading are separate processes. For each row, please circle the description where the student most consistently performed during your clinical rotation. Moving left to right is a cumulative process. Circling a descriptive observation on the far right assumes mastery of those before it.

2) Unsatisfactory or Incompetent performance is described in the far left column of every row and marked with an asterisk. If you feel the student consistently performed in this manner, please inform the offsite director and/or clerkship director. Marginal performance is described in the 2nd column of every row.

3) If you did not observe a particular component of the evaluation, do not circle the description.

4) Review the evaluation with the student before he/she leaves the rotation.

5) Comments are always most helpful. Specific examples are useful. These comments are used in the Summative Evaluation & Dean’s Letter.

Note that the student’s abilities to perform a history and physical, identify problems, write assessments and plans, etc. are all evaluated on this form. The attendings and housestaff should complete this evaluation form at the beginning of the last week so they can meet with the student, review the evaluation, and give feedback prior to the student leaving the service. Give feedback to the student on a daily basis, especially based on their patient care activities, including reading, record keeping, professionalism, participation on rounds, etc. At the beginning of the rotation, housestaff and attendings should meet with the student to set performance expectations. A review of the Clinical Performance Evaluation form with the student will clearly delineate those expectations. Halfway through the month, meet with each student and give a progress report, including both positive and negative feedback. There is a separate feedback form.

Teaching our students will be enjoyable and beneficial to all. If you observe a serious problem with any of our students, be sure to notify the site coordinator or clerkship director. Give the students as much independence and responsibility as they can handle. Teach them as much as you can, returning to the bedside to role model patient interaction and to review historic and physical exam data. Finally, expect students to research issues on patients assigned to them and utilize evidence-based medicine.

**Please return all evaluations to Kelly Leibforth, Building 102, Room 7604 or fax: (708) 216-9453.**
Medicine Clerkship Clinical Performance Evaluation Form

Student Name: ______________________

Dates: From ___________ to ___________

Site: ____________________________

Service: __________________________

Evaluator: ________________________

Medical Knowledge

- *Minimal understanding*
  - Of etiol., pathophys., Progn. & Rx of dz.
  - basic understanding of etiol., pathophys., prognos., & Rx of disease
  - thorough understanding of simple disease states; knows some complex disease pathophys., prognos., & Rx

  - thorough understanding of complex diseases & their interplay
  - broad textbook mastery, up to date on the current literature, distinguishes relevant articles

- *Differential of 1*
  - basic differential dx
  - extensive differential dx.

  - prioritized differential dx
  - prioritized differential dx revealing in-depth clinical reasoning

Patient Care Skills

- *H/P has major omissions; Disorganized*
  - H/P is accurate and timely with minor omissions.
  - H/P is comprehensive with occasional omissions

  - H/P is both focused and complete; rare omissions
  - H/P guides the reader in its organization & precision

- *Needs reminding re: progress notes*
  - monitors active problems
  - major new findings are identified correctly on most every patient;

  - anticipates necessary patient interventions on every patient
  - anticipates & manages many complex patients consistently;

- *Unsure of lab data & upcoming results*
  - accurately reports ancillary data
  - begins to interpret & integrate the H/P & ancillary data

  - consistent interpretation & integration H/P and ancillary data
  - understands subtle findings within H/P & ancillary data

- *Lacks initiative; care is dangerous to patients; doesn’t recognize limits*
  - follows the management outlined by the team
  - offers reasonable management strategies on most patients; follow-up is always reliable

  - manages most of the patients effectively; needs minimal guidance
  - independent; preferred provider by patients

Procedures (must be witnessed)

- Venipuncture
- Foley Catheter
- ABG
- Family Care Discussion

Practice-Based Learning Improvement

- *No evidence of independent learning*
  - reads around patients consistently; avid learner
  - begins to integrates independent learning into team framework and patient care

  - full integration of independent learning into team framework & patient care all of the time
  - goal-directed and self-motivated; acquisition of knowledge and skills directly improves pt care

- *Unreceptive to new ideas no self-awareness*
  - accepts constructive criticism well; recognizes strengths & weaknesses
  - steady improvement in most areas of development revealing a solid learning curve

  - dramatic improvement in most areas of physician development
  - dramatic improvement in all areas of physician development; exponential learning curve
**Student Name:** __________________________

**Interpersonal & Communication Skills**

*Unwilling to work with others*
- Effectively builds teamwork with all members of the healthcare team; respectful;
- Develops effective relationships with patients and patients’ families enabling improvement in patient care;
- Resourceful and inspiring to colleagues and patients;
- Has a unique quality to effectively motivate patients;
- Assumes a leadership role in helping patients & colleagues perform at their best;

*Presentations are consistently disjointed; no improvement*
- Presentations are ordered & contain some omissions;
- Concise presentations including pertinent facts; few omissions;
- Mature, poised, articulate, succinct presentations;
- Presentations reveal high-order of insight & synthesis;

**System-Based Learning**

*Unaware of factors that Contribute to medical error*
- Is aware of outside resources that may contribute to quality of care and reduce medical error;
- Proactively engages colleagues & ancillary staff to ensure quality patient care;
- Thoroughly understands the various dynamics (economics, insurance, etc.) that affect patient care;
- Effectively offers & initiates new solutions to complex problems within a patient’s life; solutions improve quality of care;

**Professionalism**

<table>
<thead>
<tr>
<th>UNACCEPTABLE</th>
<th>NEEDS IMPROVEMENT</th>
<th>ACCEPTABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently late, disrespectful, self-absorbed Pattern of inappropriate attire and/or attitude</td>
<td>explain below</td>
<td>respectful, role model for colleagues; grooming &amp; attire is appropriate; always punctual, compassionate; respected by peers</td>
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Comments:

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Faculty Signature ___________________________________  Student Signature ___________________________________  Date ____________________