

**Patient Centered Medicine 2 –
Small Group Facilitator Mid Semester 4 Evaluation of Student (Formative ONLY – No grade)
DUE BEFORE – MARCH 13, 2012**

Student: _____ Facilitator(s): _____

Does Not Meet Expectations	Meets With Concern		Meets Expectations		Exceeds Expectations
PREPARATION					
<input type="checkbox"/> Was not prepared at some sessions OR demonstrates below average understanding of reading(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prepared for small group: Demonstrates adequate understanding of the assigned readings.	<input type="checkbox"/>	<input type="checkbox"/> Always well prepared: Thorough understanding of assigned readings every week; contributes extra readings/ resources to the group.
PROFESSIONALISM					
<input type="checkbox"/> If absent, does not contact anyone OR does not make up work missed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Notifies others of absence(s); makes up work missed.		
<input type="checkbox"/> Dress: Inappropriate for sessions; no lab coat for SP sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dress: Appropriate for sessions.		
<input type="checkbox"/> Feedback: Has difficulty accepting peer, SP, MS4, &/or facilitator feedback OR does not demonstrate improvement over time after feedback is repeatedly given.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Feedback: Accepts feedback from all sources; good effort to improve by appropriately modifying behaviors.	<input type="checkbox"/>	<input type="checkbox"/> Feedback: Actively seeks out feedback; can self-reflect to modify behaviors. Demonstrates exceptional improvement after feedback is given
PARTICIPATION					
<input type="checkbox"/> Rarely participates; Rarely asks questions; Only participates when directly asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Active participant – will volunteer to contribute to small group.	<input type="checkbox"/>	<input type="checkbox"/> Assumes leadership role in most small group activities.
<input type="checkbox"/> Works mostly alone in small group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Collaborates with peers during small group session; is a “team player “		
SKILL DEVELOPMENT (Continue on Back Page)					
<input type="checkbox"/> Oral Presentations Unacceptable: Reads H&P verbatim; OR Not clear that the student adequately knew their pt, i.e. student was unable to answer questions about their pt; presentations were incomplete or unorganized – jumped back and forth between HPI and physical rather than following smooth chronologic flow; OR presentations either rambled on too long or were too brief and sketchy and did not include pertinent positives and negatives; OR student unprepared or unsure during delivery; poor eye contact or body language; monotone delivery; used slang or inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral Presentations Acceptable: Student told patient story in chronologic order with a smooth flow; organized; student knew pt well enough that they only referred to notes occasionally and could answer most questions from the group about their pt; included most of the pertinent positives and negatives from both the history and physical exam in their presentations; Appropriate use of medical terminology; was able to identify each of the medications a patient was on and knew the purpose for each medicine; demonstrated steady improvement during the course.	<input type="checkbox"/>	<input type="checkbox"/> Oral Presentations superior: Confident, prepared, poised, unrushed, articulate delivery with good eye contact and body language; Well above their peers and at the level of third year student already; rarely needed to refer to their notes to present their patients; correctly identified all the pertinent positives and negatives from both the history and physical exam; flow and delivery was so smooth that they engaged the entire group in their patient’s story; able to answer all questions from the group regarding their patient; Demonstrated a detailed understanding of and sensitivity to the patient’s perspective of illness.

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Does Not Meet Expectations	Meets With Concern		Meets Expectations		Exceeds Expectations
SKILL DEVELOPMENT (Continued from Front Page)					
<input type="checkbox"/> Small Group Communication skills: Frequently interrupts peers and/or MS4 and/or facilitator; has difficulty with listening skills; OR dominates small group discussions; OR belittles others input; rude in the small group.	<input type="checkbox"/>	<input type="checkbox"/>	Small Group Communication skills: Effective listening and verbal skills. Acts appropriately in the small group	<input type="checkbox"/>	Small Group Communication skills: Demonstrates superior listening and verbal skills to assimilate complex information accurately (well ahead of peers). Asks insightful questions
<input type="checkbox"/> XRy interpretation: Unable to read XRays in small group; incomplete, misses findings because not thorough. Rarely volunteers to interpret XRays	<input type="checkbox"/>	<input type="checkbox"/>	XRy interpretation: Able to read most XRays in small group. Demonstrates a thorough and systematic approach to interpretation Volunteers to interpret XRays.	<input type="checkbox"/>	XRy interpretation: Interpretation always accurate and thorough; Comprehends clinical relevance of abnormal findings.
<input type="checkbox"/> EKG interpretation: Unable to read EKGs in small group; rarely volunteers. Didn't complete assigned readings; can't name criteria, incomplete, misses findings because not thorough.	<input type="checkbox"/>	<input type="checkbox"/>	EKG interpretation: Able to read most EKGs in small group. Demonstrates a thorough and systematic approach to interpretation; Reads assigned text; knows criteria; Volunteers to interpret EKGs.	<input type="checkbox"/>	EKG interpretation: Interpretation always accurate and thorough; Comprehends clinical relevance of abnormal findings.

Facilitator(s) Comments: Note: Any “Does not Meet”, “Meets with Concern” box checked above **Requires** a comment below. If student “Meets Expectations” or “Exceeds” no comment required.

Student Signature/Date

Facilitator Signature/Date