



Outpatient Internal Medicine

STUDENT NAME: _____ DATES: _____ SITE: _____

Clinical Knowledge – Common Outpatient Childhood/Adult Illnesses/Symptoms

- | | | | | | |
|---|--|---|---|---|---------------------------------------|
| <input type="checkbox"/> Major deficiencies in clinical/relevant basic science knowledge base | <input type="checkbox"/> Understanding of basic concepts marginal – below expected level | <input type="checkbox"/> Clinical knowledge appropriate to level of training – understands basic pathophysiology and common/simple disease states | <input type="checkbox"/> Demonstrates knowledge of more complex disease states, complex physiology and treatments | <input type="checkbox"/> Thorough knowledge of complex issues/uncommon illnesses including being up to date on current literature | <input type="checkbox"/> Not Observed |
|---|--|---|---|---|---------------------------------------|

Clinical Knowledge – Adult/Pediatric Developmental Milestones and Age Appropriate Immunizations, Screenings

- | | | | | | |
|---|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> Major deficiencies | <input type="checkbox"/> Understanding marginal – below expected level | <input type="checkbox"/> Appropriate knowledge – at expected level | <input type="checkbox"/> Knowledge more complete – can clearly outline all health maintenance and disease prevention issues for individual patients | <input type="checkbox"/> Thorough complete knowledge including understanding of subtleties | <input type="checkbox"/> Not Observed |
|---|--|--|---|--|---------------------------------------|

Communication Skills – Case Presentations

- | | | | | | |
|--|--|--|--|--|---------------------------------------|
| <input type="checkbox"/> Presentations ill prepared, lack important information, contain inaccurate data | <input type="checkbox"/> Presentations orderly, accurate but with some omissions | <input type="checkbox"/> Presentations accurate, orderly, contain all the basic information – appropriate to level of training | <input type="checkbox"/> Presentations more concise, articulate with emphasis on important issues/data. Knows all lab/radiology data | <input type="checkbox"/> Presentations concise, articulate and demonstrate a high level of insight/synthesis. Minimal to no use of notes | <input type="checkbox"/> Not Observed |
|--|--|--|--|--|---------------------------------------|

Communication Skills – Interactions with Patients and Families

- | | | | | | |
|--|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> Is insensitive, tactless – fails to detect nonverbal cues | <input type="checkbox"/> Occasionally inattentive, sometimes uses terms the patient/family cannot understand | <input type="checkbox"/> Develops rapport with patient and immediate family, avoids medical jargon, appreciates nonverbal cues, can deal with most day to day patient/family interactions | <input type="checkbox"/> Willing to deal with more difficult situations and can do so with little input from supervisors | <input type="checkbox"/> Outstanding rapport with patient and entire family – actively seeks to handle difficult situations/topics – relates to and engages all family members | <input type="checkbox"/> Not Observed |
|--|--|---|--|--|---------------------------------------|

Patient Care – Note Writing

- | | | | | | |
|---|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Notes unreliable, unorganized, contain significant omissions | <input type="checkbox"/> Notes organized but omit some relevant issues/data | <input type="checkbox"/> Notes accurate, complete and identify all ongoing problems | <input type="checkbox"/> Notes accurate, complete and indicate clear plans for each ongoing problem | <input type="checkbox"/> Notes concise and analytical reflecting thorough understanding of disease process, patient’s conditions and both immediate and more distant plans | <input type="checkbox"/> Not Observed |
|---|---|---|---|--|---------------------------------------|

Patient Care – Laboratory and Radiologic Data Interpretation

- | | | | | | |
|--|--|--|---|---|---------------------------------------|
| <input type="checkbox"/> Unable to interpret most basic data | <input type="checkbox"/> Marginal interpretation of data with problems relating data to patients | <input type="checkbox"/> Interprets basic data and able to relate data to patients | <input type="checkbox"/> Independently seeks out data, consistently offers interpretation and suggests further workup | <input type="checkbox"/> Demonstrates understanding of subtle findings within lab/radiologic data and able to relate different data into a unified hypothesis | <input type="checkbox"/> Not Observed |
|--|--|--|---|---|---------------------------------------|

Patient Care – Can Perform the Following Neurology Exam Procedures

- | | | | | |
|---|-------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cranial Nerves | <input type="checkbox"/> Motor Exam | <input type="checkbox"/> Sensor Exam | <input type="checkbox"/> Reflexes | <input type="checkbox"/> Not Observed |
|---|-------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|

Practice Based Improvement

- | | | | | | |
|--|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> No evidence of independent learning, often unprepared to describe what was learned from prior day’s reading | <input type="checkbox"/> Reads some, but not enough, reading too superficial, reads only what is prescribed | <input type="checkbox"/> Reads independently, daily is able to describe what was learned from prior day’s reading, occasionally uses multiple sources | <input type="checkbox"/> More consistently uses multiple sources including some primary literature and able to describe the data/conclusions of those sources | <input type="checkbox"/> Reads extensively and reading is goal directed and self motivated – consistently shares new knowledge with team | <input type="checkbox"/> Not Observed |
|--|---|---|---|--|---------------------------------------|

Outpatient Internal Medicine

Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS), Consultants & Office Staff in Care of Patients

- | | | | | | |
|---|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> Unaware of and/or does not utilize | <input type="checkbox"/> Utilizes and interacts with only when suggested to do so | <input type="checkbox"/> Appropriately utilizes and can independently interact with – at appropriate level | <input type="checkbox"/> Independently seeks out/utilizes for immediate needs of patients | <input type="checkbox"/> Anticipates both immediate and more long term needs of patients | <input type="checkbox"/> Not Observed |
|---|---|--|---|--|---------------------------------------|

Professionalism

Students should possess the following characteristics:

- | | | | | |
|--|---|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> be respectful | <input type="checkbox"/> properly groomed/dressed | <input type="checkbox"/> punctual | <input type="checkbox"/> conscientious | <input type="checkbox"/> honest |
| <input type="checkbox"/> compassionate | <input type="checkbox"/> considerate of others | <input type="checkbox"/> reliable | <input type="checkbox"/> appropriately motivated | |

If there is a concern about any of the above for this student, please check the character and briefly describe the concern. If there are any characteristics for which this student excels, please describe them so they can be included in the student's summative evaluation.

You must construct a narrative/summative evaluation for the student. Include (and explain) any of the above competencies for which the student is below or above expectations.

Faculty Signature (ATTENDING 1)

Faculty Signature (RESIDENT 1)

Student Signature

Faculty Signature (ATTENDING 2)

Faculty Signature (RESIDENT 2)

Date