

Loyola University Chicago Stritch School of Medicine

Outpatient Medicine Evaluation

STUDENT NAME: _____ SITE: _____ Faculty Name (print): _____

Clinical Knowledge – Clinical Data Interpretation

- | | | | | | |
|--|---|--|--|--|--|
| <input type="checkbox"/> Major deficiencies in clinical/relevant basic sciences
Unable to interpret most basic data | <input type="checkbox"/> Understanding of basic concepts marginal – below expected level
Marginal interpretation of data | <input type="checkbox"/> Clinical knowledge appropriate to level of training – understands basic pathophysiology; can interpret basic data | <input type="checkbox"/> Demonstrates knowledge of more complex disease states, physiology & treatments; Independently identifies data, correct interpretation & suggests further workup | <i>This column = top 10% of students.</i>
<input type="checkbox"/> Thorough knowledge of complex issues/uncommon illnesses
Understands subtle findings within lab/radiologic data & able to form a unified hypothesis | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|--|---|--|--|--|--|

Communication Skills – Patient Presentations in Clinic

- | | | | | | |
|--|--|--|--|---|--|
| <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 & demonstrate a high level of insight/synthesis – minimal to no use of notes | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|--|--|--|--|---|--|

Practice Based Improvement – Topic Presentations

- | | | | | | |
|---|---|--|---|--|--|
| <input type="checkbox"/> Demonstrates little/no preparation, disorganized, no new information presented
No evidence of independent learning, | <input type="checkbox"/> Orderly topic presentation but summarizes only one source; provides little new information

Reads some, but not enough, too superficial, only what is prescribed | <input type="checkbox"/> Clear, concise topic presentation, utilizes more than one source, offers new information; Reads independently, able to describe what was learned occasionally uses multiple sources | <input type="checkbox"/> Clear, concise presentations, utilizes multiple sources, new information provided
Reads extensively & reading is goal directed & self -motivated
consistently shares new knowledge w | <input type="checkbox"/> Utilizes & summarizes multiple sources including recent studies with a review of the studies’ techniques, data & conclusions; summarizes specific learning objectives, able to describe the data/conclusions of those sources | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|---|---|--|---|--|--|

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 & identify all ongoing problems | <input type="checkbox"/> Notes accurate & complete with clear plans for each ongoing problem | <input type="checkbox"/> Notes concise/ analytical reflecting thorough understanding of disease process, patient’s conditions & both immediate & long term plans | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|---|---|---|--|--|--|

Patient Care – Overall Patient Care Activities

- | | | | | | |
|---|--|--|---|---|--|
| <input type="checkbox"/> Lacks initiative, does not recognize limits; Copied and Pasted notes | <input type="checkbox"/> Follows management plans outlined by team, reliable to do what is instructed, but minimal self initiative | <input type="checkbox"/> Takes appropriate initiative, follows up, is always reliable, | <input type="checkbox"/> Seeks added responsibility, consistently suggests diagnostic/therapeutic plans | <input type="checkbox"/> Acts independently, takes full responsibility for patients; praise from patient is unsolicited | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|---|--|--|---|---|--|

Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS)

- | | | | | | |
|---|---|--|---|--|--|
| <input type="checkbox"/> Unaware of &/or does not utilize AHCS in care of assigned patients | <input type="checkbox"/> Utilizes AHCS only when told & does not independently interact with AHCS personnel | <input type="checkbox"/> Appropriately utilizes AHCS, able to independently interact with them | <input type="checkbox"/> Independently seeks out/recommends/utilizes AHCS for assigned patients | <input type="checkbox"/> Anticipates both immediate & more long term needs of patients in seeking out AHCS | <input type="checkbox"/> Not Observed Or
Not enough sample size |
|---|---|--|---|--|--|

Students should possess all of the following qualities:

respectful	properly groomed/dressed	punctual	conscientious	honest	compassionate	considerate of others	reliable	appropriately motivated
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Meets Expectations Concerns (Please explain further.) _____

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Outpatient Medicine Evaluation**

Formative Comments: (Please write comments here that should not be included in the Dean's letter)

Summative Comments:

I attest that I have not previously provided health services to this student.

Faculty Signatures

Resident Signatures

Student Signature

Date

By signing this form, you agree to submit ALL evaluations completed about you during this clerkship--each unaltered after completed/signed by the evaluator(s).