

Faculty/Resident Evaluation of a MEDICAL STUDENT (Preceptor Form 1/23/24)

Evaluator: _____
Evaluation of: _____
Date: _____

1. Please enter the preceptor name(s) and preceptor title(s) contributing to this evaluation: _____
2. Please select the title that applies to you:
 Attending Physician
 Fellow
 Resident
 Intern
 Other

3. Please describe your teaching activities with this student.

Include clinical context, and frequency and extent of contact. Also, please note if and when you gave the student feedback about her or his performance during the rotation.

NARRATIVE COMMENTS:
4. NARRATIVE COMMENTS: Please use this space to summarize key aspects of this student's performance. Please include illustrative examples of behaviors which relate to the student's ideally drawing from the competencies below.

***This narrative MAY be used in the Medical Student Performance Evaluation (MSPE aka Dean's letter). **

5. RECOMMENDATIONS FOR FUTURE LEARNING Please summarize 2-3 suggestions for improvement drawing from developmental behaviors below, such as what behaviors would the student need to start doing to move to the next developmental level? This narrative section will NOT be used in the MSPE (Dean's letter).

INSTRUCTIONS:
For each item, choose the behavioral narrative that MOST ACCURATELY describes the student's performance. If a student possesses all of the behaviors in one developmental level and some but not all of the next level, choose the "Intermediate" level between the two. The second to last column titled Critical Deficiencies indicates behaviors not consistent with appropriate progress in meeting the Educational Program Objective. Selection of the Critical Deficiencies level for any item could result in failure of the clerkship. If your interactions with the student were not sufficient to evaluate an item indicate this by checking the last radio button for the last column, "Unable to Evaluate"

A final clerkship grade of "Pass" will be based on the combination of no critical deficiency ratings on the clerkship assessment form and successful completion of other clerkship requirements including EPA, OSCE, Knowledge Exam, Patient Log, etc.

Any critical deficiency ratings on the clerkship assessment form will result in a failing grade.

ATTITUDES and BEHAVIORS:

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
6. Accountable Team member (PRS.3; PR5.4)	<input type="checkbox"/> Arrives prepared *Helps w tasks though not proactive *Demonstrates respect *Meets deadlines without reminders *Communicates absences with team and clerkship leadership *Attends rotations sessions	<input type="checkbox"/>	<input type="checkbox"/> Routinely on time and prepared *Helps other team members as asked *Routinely communicates any absences *Responsive to needs of team and helps *Honest about uncertainty, gaps	<input type="checkbox"/>	<input type="checkbox"/> Routinely accountable for all clinical team activities *Models interpersonal awareness and collaboration *Anticipates and is proactive in responding to needs of team members	<input type="checkbox"/> Frequently late or unprepared, disrespectful *Demeaning. Makes poor decisions regarding personal and professional conflicts	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
7. Adaptive Learner (PR5.2)	<input type="checkbox"/> Engaged but needs assistance with goal development and self-assessment *Open to feedback though not proactive and inconsistently incorporates *No established system for self-directed learning	<input type="checkbox"/>	<input type="checkbox"/> Takes individual responsibility for learning *Routinely asks for and incorporates feedback *Routinely self-assesses and collaborates to set goals, based on self-assessment and feedback by supervisors	<input type="checkbox"/>	<input type="checkbox"/> Improves self-essays and collaborates to set goals based on self-assessment and feedback by supervisors	<input type="checkbox"/> Unable to accept constructive feedback. Does not acknowledge blind spots. Fails to engage in improvement plan.	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
8. Ethical behavior (PR5.5)	<input type="checkbox"/> Is able to identify ethical principles *Beginning to apply ethical principles to individual patients and patient scenarios	<input type="checkbox"/>	<input type="checkbox"/> Adheres to ethical principles in clinical settings including providing accurate informed consent in non-complex setting *Respects patient privacy.	<input type="checkbox"/>	<input type="checkbox"/> Recognizes unethical dilemmas and has framework to address these *Utilizes resources for ethically challenging situations *Is able to engage in a more complex informed consent discussion with a patient.	<input type="checkbox"/> Demonstrates unethical behavior such as breaching confidentiality, cheating on examinations. Commits HIPAA violation.	<input type="checkbox"/>

PREVENTION and TREATMENT of DISEASE:

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
9. Health promotion/disease prevention (HPD2.1; 1.2)	<input type="checkbox"/> Demonstrates awareness of HP/DP recommendations and identifies established professional society guidelines *Able to talk with a patient about preventative measures	<input type="checkbox"/>	<input type="checkbox"/> Able to review and identify HP/DP strategies (eg lifestyle modifications, cancer screening, vaccinations) with patients *Aids patients in risk modification and in receiving recommended screening	<input type="checkbox"/>	<input type="checkbox"/> Consistently discusses recommended evidence-based health prevention strategies based on individual risk factors *Engages patients in shared decision-making about these decisions	<input type="checkbox"/> Unaware of the health promotion and disease prevention maneuvers recommended for these patients. Does not follow guidelines or other information resources	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
10. Basic and clinical knowledge (MTD2.1)	<input type="checkbox"/> Demonstrates an adequate fund of knowledge of mechanisms of disease *Begins to understand the options for treatment of disease	<input type="checkbox"/>	<input type="checkbox"/> Able to apply understanding of mechanisms of disease to the evaluation of patients in clinical settings *Demonstrates increasing understanding of the approaches to diagnosis and treatment of disease *Consistently applies scientific principles to a range of common clinical scenarios	<input type="checkbox"/>	<input type="checkbox"/> Understanding of scientific principles underlying mechanisms and treatment of disease across medicine and in a selected specialty *Consistently applies expanding understanding to nuanced and complex clinical scenarios.	<input type="checkbox"/> Unable to demonstrate sufficient knowledge in medical sciences. May lack awareness of these gaps. Does not apply to care for patients.	<input type="checkbox"/>

PATIENT CARE:

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
11. History taking and physical examination skills (PC4.1)	<input type="checkbox"/> Obtains basic history using a standard rubric with patient-centered techniques *Is able to perform basic component of physician exam with proper technique	<input type="checkbox"/>	<input type="checkbox"/> Obtains an organized and accurate history, tailored to the setting *Consistently uses patient-centered and hypothesis-driven questioning *Seeks secondary information sources when appropriate *Performs exam using proper technique in fluid sequence with correct identification and interpretation of common abnormal findings.	<input type="checkbox"/>	<input type="checkbox"/> Adapts to different patient characteristics and care settings *Uses proper technique and identifies and interprets subtle abnormal findings	<input type="checkbox"/> Collects inaccurate or incomplete historical data. May rely exclusively on secondary sources or documentation of other staff. Disregards patient privacy, comfort, and autonomy. Fails to perform or correctly perform basic physical exam maneuvers. Disregards privacy, comfort, and autonomy.	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
12. Oral and written presentation skills (PC4.2)	<input type="checkbox"/> Able to present a patient's history of present illness, past medical history, family, and social history, medication list, allergies, and physical exam, and provide brief summary with a rudimentary differential diagnosis *Uses accepted template for written note including the components above	<input type="checkbox"/>	<input type="checkbox"/> Delivers a presentation organized around the chief concern *Works to adjust presentation in length and complexity to match situation and receiver of information *Documents an assessment and plan that includes differential diagnosis, problem list, and relevant clinical reasoning	<input type="checkbox"/>	<input type="checkbox"/> Filters, synthesizes, and prioritizes information into a concise and organized presentation *Consistently documents a concise assessment and plan that includes differential diagnosis, problem list, and relevant clinical reasoning and pertinent required elements.	<input type="checkbox"/> Provides inaccurate information in oral presentation. Fabricates information. Presents in a disorganized and incoherent fashion. Written notes include major omissions and/or inaccurate information, may include inappropriate language, and may not be timely. Copies information without verification or attribution.	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
13. Clinical Reasoning and patient management (CR3.1;PC4.3)	<input type="checkbox"/> Using clinical information, is able to articulate cognitive processes to develop a basic differential diagnosis *Is able to construct a thorough problem list in a case scenario, clinical vignette, or with a simulated or real patient encounter	<input type="checkbox"/>	<input type="checkbox"/> Creates and prioritizes a patient problem list. Incorporates patient history, physical, and pertinent data to weight diagnostic possibilities *Considers emerging information but may not be able to completely integrate *Beginning to organize knowledge by illness scripts (patterns) *Develops processes for efficient time management.	<input type="checkbox"/>	<input type="checkbox"/> Constructs relevant, prioritized problem lists *Develops sophisticated plan for more common or complicated patients *Includes follow up effectors to determine success or otherwise of plan *Revises approach as new information emerges *Refines processes for efficiency and time management	<input type="checkbox"/> Disregards patient preferences. Cannot gather or synthesize data to inform an acceptable diagnosis. Lacks basic medical knowledge to reason effectively. Does not construct a coherent problem list or plan. Cannot explain or document decision-making. Disregards leaf and pertinent information regarding patient management.	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
14. Social determinants of health (RS7.1)	<input type="checkbox"/> Is able to describe social and structural determinants of health and their impact on patients and communities	<input type="checkbox"/>	<input type="checkbox"/> Consistently considers the impact of psychosocial, structural, or cultural influences on health, disease, care-seeking, care compliance, and barriers to care	<input type="checkbox"/>	<input type="checkbox"/> Intervenes as an advocate for patient-facing psychosocial, cultural, or structural barriers *Applies knowledge of social determinants of health to improve patient care	<input type="checkbox"/> Underdeveloped knowledge base and very limited understanding of the impact of psychosocial, structural, and cultural influences on health. Does not apply appropriate behavior to patient health care for patients and populations.	<input type="checkbox"/>

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
15. Evidence-based practice (PS9.1)	<input type="checkbox"/> Is able to identify a scientific study or studies related to a clinical scenario, case vignette or patient encounter, appraise the relevance and generalizability of the study, and relate its findings to the scenario or patient	<input type="checkbox"/>	<input type="checkbox"/> Seeks out meta-analyses, systematic review, or high quality primary resources to ascertain risk factors and evaluate diagnostic and therapeutic treatment options related to patient care *Able to identify limitations and biases in published literature	<input type="checkbox"/>	<input type="checkbox"/> Acquires evidence through sophisticated searches of credible patient care literature *Appraises evidence for validity, impact, and usefulness *Applies while considering clinical context and patient preferences	<input type="checkbox"/> Does not identify, track, or pursue sophisticated questions arising from patient care or teaching. When prompted, cannot form specific clinical questions, search information resources based on questions, or critically appraise evidence, nor apply evidence.	<input type="checkbox"/>

COMMUNICATION:

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
16. Patient and family communication (CM6.1, CM6.2)	<input type="checkbox"/> Is able to demonstrate patient centered communication in simulated or early clinical settings *Can articulate the elements of shared decision making *Considers the roles that personal values and circumstances play in patients' decision and the importance of being aware of our own biases during shared decision making	<input type="checkbox"/>	<input type="checkbox"/> Consistently utilizes patient-centered communication *Avoids jargon *Demonstrates compassionate and sensitivity *Demonstrates use of shared decision making behaviors in common clinical scenarios and incorporates patient preferences *Is aware of and avoids inserting personal values and preferences	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates ability to lead serious conversations *Able to take the lead in shared decision making conversations with patients and families from diverse backgrounds *Thoroughly documents shared decision-making *Consistently uses teach back to check understanding	<input type="checkbox"/> Does not utilize patient-centered language, insensitive to cultural backgrounds; insensitive during crucial conversations; does not solicit patient participation. Unable to communicate utility of shared decision	<input type="checkbox"/>

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17. Clinical team communication (PC4.4; CM6.3)	<input type="checkbox"/> Demonstrates effective interactions with peers, staff, and faculty in small group, classroom, and research settings, including active listening, respectful and honest communication, ability to ask and answer questions, and willingness to receive feedback	<input type="checkbox"/>	<input type="checkbox"/> Demonstrates effective interactions with colleagues and all team members *Contributes to coordination of care for patients and under close supervision, may take a lead role *Can initiate a referral with supervision *Understands the elements of effective handoffs and may handoff patients under immediate supervision	<input type="checkbox"/>	<input type="checkbox"/> Models effective interactions with colleagues and team *Willing to serve as a leader to coordinate care within and across healthcare systems or community *Makes appropriate referrals, providing consultants with specific questions and pertinent information *Demonstrates effective patient hand-off	<input type="checkbox"/> Does not exhibit respect or effective communication with peers, staff, and faculty. Communication is perceived as condescending, demeaning, or disdainful. Disregards need to coordinate care with colleagues and does not follow through on transition planning.	<input type="checkbox"/>

RESPONSIBILITY TO SOCIETY (RS):

	Early Clerkship year	Intermediate	Expected end of Clerkship year	Intermediate	Advanced (graduation ready)	Critical Deficiency	Unable to evaluate
18. Responsiveness to patient and awareness of biases (RS7.2)	<input type="checkbox"/> Can identify behaviors through observation of preceptor and other role models that demonstrate sensitivity to diverse patient populations *Begins to recognize how personal values and implicit biases can impact on patient care	<input type="checkbox"/>	<input type="checkbox"/> Can describe and elicit current and historical factors affecting health equity, among diverse groups and apply this understanding to improve patient health *Demonstrates sensitivity and responsiveness to the needs of all patients *Recognizes personal values and implicit biases potential impact on patient care and other interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/> Applies understanding of current and historical factors affecting health equity to groups to improve the health of patients and communities *Routinely reflects on and addresses the impact that personal biases, identity, and privilege have on interactions and decision-making	<input type="checkbox"/> Demonstrates insensitive or intolerant of views or backgrounds that don't match own view	<input type="checkbox"/>

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19. Patient Safety (RS7.3)	<input type="checkbox"/> Recognize and describe systems in place in clinical settings to optimize patient safety as well as structural or system issues that can lead to disparate patient outcomes	<input type="checkbox"/>	<input type="checkbox"/> Able to describe and distinguish between types of safety errors *Identifies and brings patient safety concerns to team *Able to describe behaviors that promote patient safety	<input type="checkbox"/>	<input type="checkbox"/> Consistently uses behaviors to minimize error *Actively participates in patient safety and quality exercises including evaluation of structural factors that impede equitable care *Able to describe the PDSA (plan-do-check-act) cycle approach to patient safety	<input type="checkbox"/> Disregards safety mechanisms in clinical environment. Actively undermines patient safety efforts.	<input type="checkbox"/>