

1. Faculty/Resident Evaluation of a MEDICAL STUDENT (FINAL EVALUATION 1/1/25)

Insufficient contact to evaluate (delete evaluation)

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

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, 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 students performance. If a student possesses all of the behaviors in one developmental level and some but not all of the next level, choose the "In between" level between the two. The first 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 Sub/Elective. 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"

6. Accountable Team member (PR5.3; PR5.4)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Frequently late or unprepared/ Disrespectful or demeaning/ Makes poor decisions regarding personal and professional conflicts

Arrives prepared/ helps w/ tasks though not productive/ Demonstrates respect/ Meets deadlines without reminders /communicates absences with team and clerkship leadership/patients educational sessions

Routinely on time and prepared/ Helps other team members as asked / Routinely communicates any absences/ Responsive to needs of team and help/ Honest about uncertainty, gaps

Routinely accountable for all clinical team activities/ Models interdisciplinary awareness and collaboration/ Anticipates and is proactive in responding to needs of team members

Collapse

7. Adaptive Learner (PR5.2)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Demonstrates unethical behavior such as breaching confidentiality, cheating on examinations, commits HIPAA violation

Is able to identify ethical principles in clinical settings Beginning to apply ethical principles to individual patients and scenarios.

Adheres to ethical principles in clinical settings including providing accurate informed consent in non-complex setting/ Respects patient privacy.

Recognizes nuanced ethical dilemmas and has framework to address these/ Utilizes resources for especially challenging situations/ Is able to engage in a more complex informed consent discussion with a patient

Collapse

8. Ethical behavior (PR5.5)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Unaware of the health promotion / disease prevention maneuvers recommended for their patients. Does not consult guidelines or other information resources

Demonstrates awareness of HIPA recommendations and identifies professional society guidelines / Able to talk with a patient about preventive measures

Able to review and identify HIPA strategies (eg lifestyle modifications, cancer screening, vaccinations) with patients/ Aids patients in receiving recommended screening

Consistently discusses recommended evidence-based health promotion and disease prevention strategies based on individual risk factors/ Engages patients in shared decision-making about these decisions.

Collapse

9. Health promotion/disease prevention (HPDP 1; 1; 1; 2)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Unable to demonstrate sufficient knowledge in medical sciences. May lack awareness of these gaps. Does not apply to care for patients.

Demonstrates an adequate fund of knowledge of mechanisms of diseases. Begins to understand the options for treatment of disease

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.

Expanded 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.

Collapse

10. Basic and clinical knowledge (MTD2.1)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Collects inaccurate or incomplete historical data. May rely exclusively on secondary sources or documentation of others. Disregards patient privacy, comfort, and autonomy. Fails to perform or correctly performs basic physical exam maneuvers. Disregards privacy, comfort, and autonomy

Obtains basic history using a standard rubric with patient-centered techniques/ Is able to perform basic component of physical exam with correct technique.

Obtains an organized and accurate history, tailored to the setting/ Consistently uses patient-centered and hypothesis-driven questions/ Seeks secondary information/ Documents sources when appropriate/ Performs exam using proper technique in fluid sequence with correct identification and interpretation of common abnormal findings

Adapts to different patient characteristics and care settings/ Performs a hypothesis driven exam in a fluid sequence/ Uses proper technique and interprets common and abnormal findings.

Collapse

PATIENT CARE:

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

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

Able to present a patient's history of current 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 terminology and written note including the components above.

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

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 includes institutionally required elements

Collapse

12. Oral and written presentation skills (PC4.2)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

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 rational clinical reasoning. Disregards team input regarding patient management.

Using clinical information, is able to articulate cognitive processes to develop a basic differential diagnosis/ Is able to construct a problem list in a case scenario, clinical vignette, or with a simulated or real patient encounter

Creates and prioritizes a patient problem list. Incorporates patient history, physical, and paradigmatic data to weight differential diagnoses/ Considers emerging information but may not be able to completely integrate knowledge by illness scripts (patterns)/ Develops processes for efficient time management.

Constructs relevant, prioritized problem lists/ Develops sophisticated plan for more uncommon or complicated patients/ Includes follow up parameters to determine success or failure/ Revises approach as new information becomes available/ Refines processes for efficiency and time management.

Collapse

13. Clinical Reasoning and patient management (CR3.1;PC4.3)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Underdeveloped knowledge base and very limited understanding of the of the psychosocial, structural, and cultural influences on health. Does not apply social-behavior sciences to health care for patients and populations.

Is able to describe social and structural determinants of health and their impact on patients and communities.

Consistently considers the impact of psychosocial structural, or cultural influences on health, disease, care-seeking, care compliance, and barriers to care

Intervenes as an advocate for patient-facing psychosocial, cultural, or structural barriers/ Applies knowledge of social determinants of health to improve patient care.

Collapse

14. Social determinants of health (RS7.1)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not identify, track, or pursue clinical questions arising in patient care or teaching. When prompted, cannot form specific clinical questions, search information resources based on questions, critically appraise evidence, nor apply evidence

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.

Seeks out metaanalyses, systematic review, or high quality primary resources to address clinical risk factors and evaluate diagnostic and therapeutic treatment options related to patient care/ Able to identify limitations and biases in published literature.

Acquires evidence through sophisticated searches of credible resources appropriate to the clinical question/ Appraises evidence for validity, impact, and usefulness/ Applies evidence while considering clinical context and patient preferences.

Collapse

15. Evidence-based practice (PS9.1)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not utilize patient-centered language; insensitive to cultural backgrounds; insensitive during shared conversations ; does not solicit patient participation. Unable to counsel or educate patient; diminishes utility of shared decision

Is able to demonstrate patient-centered communication in simulated or early clinical settings/ Can articulate the elements of shared decision making/ Considers the role of patient values and preferences play in patient decision and the importance of being aware of our own biases during shared decision making.

Consistently utilizes patient-centered communication/Advocates for patient preferences and sensitivty/ Demonstrates use of shared decision making behaviors in common clinical scenarios and incorporates preferences/ Is aware of and actively inserts personal values and preferences.

Demonstrates ability to lead serious conversations/ Able to take the lead in shared decision making conversations with patients and families/ Thoroughly documents shared decision-making /Consistently uses teach back to check understanding

Collapse

16. Patient and family communication (CM6.1, CM6.2)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not exhibit respectful or effective communication with peers, staff, and faculty ; communication is perceived by others as condescending, demeaning, or disdainful. Disregards need to coordinate care and does not follow through on transition planning

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 questions, and willingness to receive feedback.

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 supervisor/ Understands the elements of effective handoffs and may handoff patients under immediate supervision.

Models effective interactions with colleagues and team/ Willing to serve as a leader to coordinate care within and across healthcare systems or communities / Provides appropriate referrals, providing consultants with specific questions and pertinent information/ Demonstrates effective patient hand-off

Collapse

17. Clinical team communication (PC4.4; CM6.3)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Demonstrates insensitive or intolerant of views or backgrounds that don't match own view.

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.

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

Applies understanding of current and historical factors affecting health equity among diverse groups to improve the health of communities/ Routinely reflects on and addresses the impact that personal biases, identity, and privilege have on interactions and decision-making.

Collapse

18. Responsiveness to patient and awareness of biases (RS7.2)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Disregards safety mechanisms in clinical environment. Actively undermines patient safety efforts.

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.

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

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-study-act) cycle approach to patient safety.

Collapse

19. Patient Safety (RS7.3)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not know the indications, risks, benefits, or techniques for procedures. Unable to discuss informed consent with patients or families.

Understands the anatomic considerations for common procedures/ Is able to perform basic life support maneuvers.

Understands indications, risks, and benefits for common procedures/ Under direct supervision, conducts informed consent discussions and performs common, simple, procedures under direct supervision, using proper technique

Understands the indications, risks, and benefits for wide range of procedures/ Under direct supervision conducts informed consent discussion with patients and families and performs procedures related to selected specialty/ Follows up to monitor for complications

Collapse

20. Procedural Skills*

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not know the indications, risks, benefits, or techniques for procedures. Unable to discuss informed consent with patients or families.

Understands the anatomic considerations for common procedures/ Is able to perform basic life support maneuvers.

Understands indications, risks, and benefits for common procedures/ Under direct supervision, conducts informed consent discussions and performs common, simple, procedures under direct supervision, using proper technique

Understands the indications, risks, and benefits for wide range of procedures/ Under direct supervision conducts informed consent discussion with patients and families and performs procedures related to selected specialty/ Follows up to monitor for complications

Collapse

Optional depending on clinical exposure

The below item is optional depending on clinical exposure and opportunities to assess

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not know the indications, risks, benefits, or techniques for procedures. Unable to discuss informed consent with patients or families.

Understands the anatomic considerations for common procedures/ Is able to perform basic life support maneuvers.

Understands indications, risks, and benefits for common procedures/ Under direct supervision, conducts informed consent discussions and performs common, simple, procedures under direct supervision, using proper technique

Understands the indications, risks, and benefits for wide range of procedures/ Under direct supervision conducts informed consent discussion with patients and families and performs procedures related to selected specialty/ Follows up to monitor for complications

Collapse

21. Cost awareness (RS 7.4)

Critical Deficiencies

Early Clerkship year

In Between

Expected end of Clerkship year

In Between

Advanced (graduation ready)

Unable to evaluate

Does not know the indications, risks, benefits, or techniques for procedures. Unable to discuss informed consent with patients or families.

Understands the anatomic considerations for common procedures/ Is able to perform basic life support maneuvers.

Understands indications, risks, and benefits for common procedures/ Under direct supervision, conducts informed consent discussions and performs common, simple, procedures under direct supervision, using proper technique

Understands the indications, risks, and benefits for wide range of procedures/ Under direct supervision conducts informed consent discussion with patients and families and performs procedures related to selected specialty/ Follows up to monitor for complications

Collapse

* Required fields * Option description (place mouse over field to view)