YSM Medical Student Elective/Subinternship Evaluation Form

MedHub Form Name - EL: Faculty/Resident Evaluation of MEDICAL STUDENT

Evaluator: _____

Evaluation of: _____

Date: _____

For each item, choose the behavioral narrative that MOST ACCURATELY describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

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
☐ 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. <u>NARRATIVE COMMENTS</u>: 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 attitude/behavior, clinical skills, and knowledge.

**This narrative WILL be used in the Dean's letter for residency.
_____
_____
_____
_____
_____

5. <u>RECOMMENDATIONS FOR FUTURE LEARNING</u> *(these comments are solely for the purpose of formative feedback and are NOT intended for use in the Dean's office)*:
_____
_____
_____
_____
_____

ATTITUDES AND BEHAVIORS:

For each item, choose the behavioral narrative that MOST ACCURATELY describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

6. ATTENDANCE, EFFORT, AND DEMEANOR	☐ *Routinely lacks preparation for clinical/classroom activities. *Frequently arrives late or is absent without notification or explanation. *Makes no effort to help meet patient and team needs. *Fails to maintain professional appearance, demeanor or boundaries.	☐ *Sometimes lacks adequate preparation. *Occasionally arrives late or is absent without notification or explanation. *Exercises minimal effort to help meet patient and team needs. *Maintains professional demeanor in the majority of circumstances.	☐ *Arrives to clinical/classroom settings prepared and punctual. *Misses class or clinical work only for compelling/excused reasons. *Exercises solid effort to help meet patient and team needs. *Maintains professional demeanor in the majority of circumstances.	☐ *Exercises exceptional dedication, effort and anticipatory planning, going beyond what is asked, to contribute to patient care and teamwork. Handles absences in a highly professional manner with members of the team.	☐ Not able to evaluate.
7. RELATIONSHIPS WITH PATIENTS	☐ *Unable to establish working relationships with patients and families. *Lacks basic listening or communication skills, respect or empathy. *Disregards differences related to culture, ethnicity, gender, race, age, sexual orientation, and religion.	☐ *Establishes rapport with most patients, but misses opportunities to include input from family/caregivers. *Displays basic listening and communication skills, but misses opportunities to provide empathy. *Lacks basic awareness of differences related to culture, ethnicity, gender, race, age, sexual orientation, and religion.	☐ *Establishes effective working relationships with patients and consistently seeks to include families/caregivers. *Consistently displays patient-centered listening and communication skills, respect and empathy. *Demonstrates awareness of and seeks to understand patient's unique characteristics and needs.	☐ *Establishes therapeutic, effective working relationships, even with complex patients/ families. Is recognized by patients as their provider and advocate on the team. *Suggests care plans which account for and incorporate a patient's unique characteristics and needs.	☐ Not able to evaluate.

8. PROFESSIONAL RELATIONSHIPS	☐ *Demonstrates difficulty working with others. *Fails to communicate respectfully and consistently with staff and colleagues, including non-physician providers. *Elicits concerns from team members regarding professional interactions.	☐ *Works respectfully with associates, but lacks initiative in contributing to teamwork. *Communicates with team members in a unidirectional manner and usually in response to a prompt. *Lacks awareness of or desire to understand the roles of interprofessional team members.	☐ *Develops good rapport with staff and colleagues. Shows ability to be flexible, compromise. *Communicates in a bidirectional manner and keeps team members informed and up to date. *Understands and respects the roles of interprofessional team members.	☐ *Functions as an active and integrated member of the interprofessional healthcare team. *Contributes to a highly positive team dynamic by offering constructive solutions while also fostering participation by other team members. *Highly values the roles of interprofessional team members. Seeks their counsel and incorporates their recommendations.	☐ Not able to evaluate.
9. TRUSTWORTHINESS	☐ *Fails to prioritize or follow through on tasks necessary for patient care or teamwork. *Does not acknowledge limitations and remains overly confident. *Misleads, misrepresents, or purposefully omits important information.	☐ *Fails to prioritize tasks and requires reminders to complete them on time. *Seeks to understand one's own role and how/when to seek help. *Does not demonstrate deceit, though may not understand what information needs to be shared.	☐ *Generally prioritizes and completes tasks on time, but may lapse in stressful or complicated scenarios. *Demonstrates understanding of one's own role. *Accepts advancing responsibility while appropriately recognizing one's own limits and seeking help when needed. *Remains reliably truthful and viewed as trusted source of information by the team.	☐ *Proactively organizes and prioritizes work for the team and diligently completes tasks on time. *Effectively manages conflicting duties. *Proactively anticipates situations requiring help and seeks help from appropriate source when needed. *Remains reliably truthful, accurate, appropriately detailed, and transparent. Discloses near misses.	☐ Not able to evaluate.

10. SELF-DIRECTED LEARNING	☐ *Appears unaware of knowledge deficits *Does not seek feedback and reacts defensively to unsolicited feedback. *Does not independently identify clinical questions. *When prompted, does not follow through to pursue medical information.	☐ *Seeks to identify gaps in knowledge. *Responds attentively to unsolicited feedback. *When prompted regarding clinical questions, proposes vague queries lacking specificity. *Pursues medical information in a cursory fashion and does not appraise the quality of the evidence.	☐ *Seeks to identify and fill gaps in knowledge and skills and shares new information with the team. *Actively solicits and assimilates feedback from supervisors. *Independently identifies clinical questions and takes initiative to pursue them. *Shares new knowledge with the team.	☐ *Seeks to identify and fill gaps in knowledge, reflects upon the learning process, and shares new information with the team. *Actively solicits feedback from all members of the interprofessional team and develops personal learning plan for improvement. *Independently formulates nuanced clinical questions, performs sophisticated searches, and appraises evidence based on accepted standards.	☐ Not able to evaluate.

CLINICAL SKILLS:

For each item, choose the behavioral narrative that MOST ACCURATELY describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

11. INTERVIEW	☐ *Does not collect accurate historical data; interviews inefficiently, unfocused. *Fails to tailor interview appropriately for the clinical setting or chief concern. *Uses no patient-centered interview techniques.	☐ *Inconsistently acquires accurate historical information in an efficient, organized fashion. *Does not seek or is overly reliant on secondary data. *Inconsistently employs patient-centered interview techniques.	☐ *Consistently acquires accurate and relevant histories from patients. *Seeks and obtains data from secondary sources when needed. *Consistently applies patient-centered interviewing techniques but inconsistently includes attention to social determinants or health, need for interpretive or adaptive services.	☐ *Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion. *Always demonstrates patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/ family culture, social determinants of health, need for interpretive or adaptive services. Demonstrates active listening skills). *Demonstrates sophistication and effectiveness in managing emotional context.	☐ Not able to evaluate.
12. PHYSICAL EXAM	☐ *Incorrectly performs physical exam maneuvers. *Does not use physical exam to confirm history. *Performs unfocused exam, without taking into account the setting, presenting complaints, or need for patient privacy.	☐ *Performs physical exam but is incomplete and/or is not consistently informed by patients' presenting concerns.	☐ *Consistently performs accurate and appropriately thorough physical exams, using patient-centered skills. *Demonstrates emerging appropriate utilization of more refined and detailed exam skills. *Uses draping techniques to optimize patient comfort without compromising exam technique.	☐ *Performs a clinically relevant, focused, patient-centered physical exam pertinent to the setting and focus of the patient visit. *Consistently employs more refined and advanced physical exam maneuvers where appropriate.	☐ Not able to evaluate.

13. ORAL PRESENTATION

☐	☐	☐	☐	☐
*Is routinely ill-prepared. Presents in disorganized and/or incoherent fashion. *Does not know or disregards important facts. Reports inaccurate information. *Demonstrates lack of confidence or more confidence than warranted.	*Mostly reads from notes. Usually presents in well-organized fashion, sometimes rambles. *Identifies most of the pertinent data. Often includes irrelevant data. *Not able to incorporate new data.	*Demonstrates good eye contact. Presents in well-organized, easy to follow fashion. *Avoids medical jargon when presenting at the bedside. *Includes all of the major pertinent data. *Bases assessment on the findings. Provides a differential diagnosis with some clinical reasoning. *Admits uncertainty.	*Consistently presents in a concise, organized, logical fashion *Demonstrates thorough understanding of issues. Interprets data. *Provides a thoughtful and ranked differential diagnosis; clearly states clinical reasoning. *Tailors presentation to type of rounds and listeners. *Encourages participation by patients, families, and other providers.	Not able to evaluate.

14. WRITTEN PRESENTATION

☐	☐	☐	☐	☐
*Notes are not completed in timely manner. *Notes include major omissions and/or inaccurate information. *Notes often simply copy/pasted from prior note(s).	*HPI is disjointed and difficult to follow. *Notes contain a lot of extraneous information. *Assessments are generally not thoughtful. *Plans are not clear or concrete.	*Notes are well-organized, clear and focused. *Demonstrates accurate and complete reporting. Documents key information. *Assessments are well-stated and accurate. *Clinical reasoning is sometimes documented.	*Notes are consistently concise, thorough, and timely. *Notes demonstrate student's understanding of disease process and patient situation. *Clinical reasoning is documented and clear. *Notes provide clear interpretation and draw conclusions. *Notes indicate anticipation of future problems.	Not able to evaluate

15. CLINICAL REASONING AND JUDGMENT	☐ *Gathers data (interview, physical examination, and laboratory) in a rote fashion, uninformed by evolving diagnostic hypotheses. *Articulates differential diagnoses that are either too short (neglecting important diagnoses) or too long (including unlikely diagnoses unsupported by the data). *Proposes naïve plan that fails to consider the particular scenario, patient preferences, or evidence from the literature.	☐ *Considers diagnostic hypotheses, to some degree, in gathering data (interview, physical examination, and laboratory). *Articulates differential diagnoses that include some important possibilities, but fails to prioritize diagnoses or revise the possibilities as new data becomes available. *Proposes management plans that consider some important considerations but does not integrate them in a sophisticated fashion.	☐ *For uncomplicated patients, gathers data (interview, physical examination, and laboratory) in a hypothesis driven fashion. *Articulates differential diagnoses supported by patient data, identifies the most likely and 'can't miss' diagnoses, and revises diagnostic possibilities as new data become available. *Proposes management plan that integrates evidence from the literature, the clinical scenario, and patient preferences.	☐ *For complicated patients, gathers data (interview, physical examination, and laboratory) in a hypotheses driven fashion. *Articulates a differential diagnoses supported by the patient data, identifies the most likely and 'can't miss' diagnoses, and revises diagnostic possibilities as new data become available. *May engage in pattern recognition but knows when uncertainty should trigger switch to a hypothesis testing analytical approach. *Proposes sophisticated management plan that considers the clinical scenario, patient preferences, and evidence from the literature.	☐ Not able to evaluate.

KNOWLEDGE:

For each item, choose the behavioral narrative that MOST ACCURATELY describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

16. BASIC SCIENCE

☐	☐	☐	☐	☐
*Cannot recall basic principles of biochemistry, genetics, cell biology, physiology, pharmacology, microbiology, or immunology. *Demonstrates flaws in understanding of basic science principles, *Has difficulty processing clinical information due to gaps in knowledge; lacks awareness of these gaps. *Cannot apply basic science principles to clinical scenarios.	*Recalls basic science principles. *Demonstrates some gaps in understanding of basic science principles. *Can acknowledge and fill gaps but sometimes requires prompts to do so. *Can sometimes apply basic science principles to clinical scenarios.	*Shows breadth and depth of knowledge in basic science principles. *Identifies and acknowledges gaps in knowledge and develops and implements a plan to correct. *Identifies relevant questions and seeks out resources to answer them. *Soundly applies basic science principles to clinical scenarios.	*Demonstrates exceptional understanding of basic science. *Teaches team members about basic science principles relevant to patient diagnosis or treatment. *Applies basic science principles to clinical scenarios in innovative ways.	Not able to evaluate.

17. CLINICAL SCIENCE

☐	☐	☐	☐	☐
*Cannot recall principles of pathophysiology, diagnostic testing and treatment. *Demonstrates flaws in understanding of clinical science principles, *Has difficulty processing clinical information due to gaps in knowledge; lacks awareness of these gaps. *Cannot apply clinical science principles to clinical scenarios.	*Recalls principles of pathophysiology, diagnostic testing and treatment. *Demonstrates some gaps in understanding of clinical science principles. *Can acknowledge and fill gaps but sometimes requires prompts to do so. *Can sometimes apply clinical science principles to clinical scenarios.	*Demonstrates breadth and depth of knowledge in principles of pathophysiology, diagnostic testing and treatment. *Identifies and acknowledges gaps in knowledge and develops and implements plans to correct. *Identifies relevant clinical science questions and seeks out evidence based resources to answer these questions. *Soundly applies	*Demonstrates exceptional understanding of clinical science. *Teaches team members about clinical science findings relevant to patient diagnosis or treatment. *Applies clinical science principles to clinical scenarios in innovative ways.	Not able to evaluate.

		clinical science principles to clinical scenarios.		