

MEDICINE CLERKSHIP EVALUATION FORM

Student Name: _____

Dates: From _____ To _____

Eval Type: **MIDPOINT** **FINAL**

Site: _____ Evaluator: _____

For each area of evaluation, please check the appropriate level of ability. Qualities should be cumulative as rating increases, e.g. an outstanding rating for physical exam skills assumes that major findings are identified in an organized, focused manner AND that subtle findings are elicited. Indicate the level at which the student consistently performs.

<i>OUTSTANDING</i>	<i>ABOVE AVERAGE</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
DATA GATHERING				
Initial History/Interviewing Skill			If Not Observed, Check Here	
Resourceful, efficient, appreciates subtleties, prepares for management.	Precise, detailed, appropriate to setting (ward or clinic), focused/selective.	Obtains basic history. Identifies new problems. Accurate data gathering.	Inconsistent reporter. Incomplete or unfocused. Inconsistent data gathering.	Unreliable reporter. Inaccurate, major omissions, inappropriate.
Physical Examination Skill			If Not Observed, Check Here	
Elicits subtle findings	Organized, focused, relevant	Major findings identified	Incomplete, or insensitive to patient comfort	Unreliable exam; misses major findings
DATA RECORDING				
Written Histories & Physicals			If Not Observed, Check Here	
Concise, reflects thorough understanding of disease process & patient situation	Documents key information, focused, comprehensive, reporting implies interpretation	Accurate, complete, timely reporting. Takes ownership of Reporter role.	Often late; poor flow in HPI, lacks supporting detail, labs, or incomplete problem lists. Gaps in reporting.	Inaccurate data about patient or disease. Major omissions. Unreliable reporting, recording.
Progress Notes/Clinic Notes			If Not Observed, Check Here	
Analytical in assessment and plan	Precise, concise, organized	Identifies on-going problems & documents plan	Needs organization, omits relevant data	Reports incorrect or inaccurate data
Oral Presentations			If Not Observed, Check Here	
Tailored to situation (type of rounds); emphasis and selection of facts teaches others key points	Fluent reporting; focused; good eye contact; selection of facts implies interpretation; uses minimal notes	Maintains format, includes all basic information	Major omissions, often includes irrelevant facts, rambling	Consistently ill-prepared, does not know facts about patient, reports inaccurate information
KNOWLEDGE				
In General			If Not Observed, Check Here	
Understands therapeutic interventions, broad-based	Demonstrates thorough understanding of diagnostic approach; consistently able to interpret data	Demonstrates understanding of basic pathophysiology	Struggles to interpret data; demonstrates marginal understanding of basics.	Major deficiencies in knowledge base
Relating To Own Patients			If Not Observed, Check Here	
<i>(check as consistently applicable)</i> Broad textbook mastery Directed EBM search Educator of others	Provides expanded differential diagnoses, able to discuss minor problems; sufficient to suggest management	Knows basic differential diagnoses of active problems in own patients; actively seeks knowledge	Inconsistent and/or insufficient understanding, to be able to interpret consistently on own patients	Lacks knowledge to understand own patients' problems; rarely sufficient to interpret
DATA INTERPRETATION				
Analysis			If Not Observed, Check Here	
Understands complex issues, interrelates patient problems	Consistently offers reasonable interpretation of data	Constructs problem list, applies basic, reasonable differential diagnosis	Frequently reports data without analysis; problem lists need improvement	Cannot interpret basic data; problem lists inaccurate/not updated
Judgment/Management			If Not Observed, Check Here	
Insightful approach to management plans	Diagnostic decisions are consistently reasonable	Appropriate patient care, aware of own limitations	Inconsistent prioritization of clinical issues	Poor judgment, actions affect patient adversely
MANAGEMENT SKILLS				
Patient Care Activities			If Not Observed, Check Here	
Negotiates with patients, coordinates health care team	Efficient & effective, often takes initiative in follow-up (clinic or ward)	Monitors active problems, maintains patient records, fulfills duty toward patient	Needs prompting to complete tasks; follow-up is inconsistent	Unwilling to do expected patient care activities; unreliable
Procedures			If Not Observed, Check Here	
Proficient and skillful; engages patient in informed consent process	Careful, confident, compassionate, participates in informed consent process	Reasonable skill in preparing for, and doing procedures; reports indications	Awkward, reluctant to try even basic procedures. Cannot relate indications	No improvement even with coaching, insensitive toward patients

PROFESSIONAL ATTITUDES

Reliability/Commitment

Accepts full personal ownership in education & patient care	Seeking responsibility as manager; views self as active participant in patient care	Fulfills responsibility, accepts ownership of essential roles in care	Often unprepared, not consistently present, not reporting accurately	Unexplained absences, unreliable. Makes no promise of duty.
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Response to Instruction/Feedback

Continued self-assessment leads to further growth; insightful reflection	Seeks and consistently improves with feedback; self-reflective.	Takes ownership for improvement; generally improves with feedback	Inconsistent, does not sustain improvement	Lack of improvement; defensive/argumentative; avoids responsibility
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Self-Directed Learning (knowledge and skills)

Outstanding initiative, consistently educates others	Sets own goals; reads, prepares in advance when possible	Reads appropriately, and accepts ownership for self-education.	Needs prompting, not consistently improving expertise.	Unwilling, lack of introspection. Makes no effort to improve expertise.
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PROFESSIONAL DEMEANOR

Patient Interactions

If Not Observed, Check Here

Preferred provider; seen as care manager by patients/teachers	Gains confidence & trust, duty is evident to patient/healthcare team	Sympathetic, respectful, develops rapport, gains trust	Occasionally insensitive, inattentive; not trusted as advocate, reporter	Avoids personal contact, tactless, rude, disrespectful.
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Response to Stress

Outstanding poise, constructive solutions	Flexible, supportive	Appropriate adjustment	Inflexible or loses composure easily	Inappropriate coping
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Working Relationships

Establishes tone of mutual respect & dignity	Good rapport with other hospital staff	Cooperative, productive member of own team	Lack of consideration for others	Antagonistic or disruptive
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DESCRIPTIVE COMMENTS: (Written descriptive comments are also required. **What is the "next step" for this student?**)

Where is student in RIME? _____

Minimum expectation: Reliable Reporter, beginning transition to Interpreter.

You may use a "+" or "-“ or a “/” as you see fit, such as “reporter +” or “reporter/interpreter”, or “manager –“, etc.

Midpoint	<i>OR</i>	Final	Have you discussed this report with the student?	YES	NO
_____		_____	_____	Intern	Resident
Printed Name	Signature	Date		Attending	Preceptor

Fail	Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A recommendation of Fail means additional Medicine rotation(s), usually at the clerkship year level, is/are needed to address deficiencies.
Inconsistent	Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others. Has shown some evidence of progress and may be able to perform acceptably following additional experience in Medicine during Advanced clerkship timeframe without having to repeat the entire core clerkship.
Reporter	Obtains and reports basic information completely, accurately, reliably. Works professionally with patients, staff, colleagues. Distinctive personal qualities should be recognized in descriptive comments. Ownership to answer “What” questions consistently/accurately.
Interpreter	Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations (“Why”) without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for rounds/clinics. Promises of duty/expertise evident.
Manager Educator	Outstanding ratings in most major areas of evaluation. Sub-intern level of patient care, actively suggests reasonable management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional.