

**CL: FINAL Evaluation of a MEDICAL STUDENT (11/25)

● [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 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:

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 proactive*Demonstrates respect*Meets reminders*Communicates absences with team and clerkship leadership*Attends educational sessions		*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		*Routinely accountable for all clinical team activities*Models interpersonal awareness and collaboration*Anticipates needs of team and proactive in responding to needs of team	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*Unable to accept constructive feedback. Does not acknowledge blind spots. Fails to engage in improvement plan.	*Engaged but not fully responsible with goal development and self-assessment*Open to feedback though not proactive and inconsistently incorporates*No established system for self directed learning		*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 try to help others		*Routinely self-assesses and collaborates to set goals based on self-assessment and feedback by supervisors*Able to effectively provide constructive feedback to others	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Adaptive Learner (PR5.2) *

*Demonstrates unethical behavior such as breaching confidentiality, cheating on patient examinations. Commits HIPAA violation.	*Is able to identify ethical principles*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 settings*Respects patient privacy.		*Recognizes nuanced ethical 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Ethical behavior (PR5.1) *

PREVENTION and TREATMENT of DISEASE:

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 and disease prevention maneuvers recommended for their patients. Does not consult guidelines or other information resources	*Demonstrates awareness of HPPDP recommendations and identifies established professional society guidelines*Able to talk with a patient about prevention measures		*Able to review and identify HPPDP strategies (eg lifestyle modifications, cancer screening, vaccinations) with patients*Aids patients in risk modification and in receiving recommended screening		*Consistently discusses evidence-based health promotion and disease prevention strategies based on individual risk factors*Engages patients in shared decision-making about these decisions	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Health promotion/disease prevention (HPPDP 1.1; 1.2) *

*Unable to demonstrate an adequate knowledge in medical sciences. May lack awareness of the options for treatment to care for patients.	*Demonstrates an adequate fund of knowledge of mechanisms of disease*Begins to understand the importance of treatment of disease		*Able to apply understanding of mechanisms of disease to the evaluation of patients in clinical settings*Demonstrates understanding of the approaches to diagnosis and treatment of disease*Consistently applies scientific principles to a range of common clinical scenarios		*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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Basic and clinical knowledge (MTD2.1) *

PATIENT CARE:

Critical Deficiencies	Early Clerkship year	In Between	Expected end of Clerkship year	In Between	Advanced (graduation ready)	Unable to evaluate
*Collects inaccurate or incomplete history with patient. 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 physician exam with proper technique		*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.		*Adapts to different patient characteristics and care settings*Performs a history-driven exam in a fluid sequence*Uses proper technique and identifies and interprets common and subtle abnormal findings	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. History taking and physical examination skills (PC4.1) *

*Provides inaccurate information in oral presentation. Fabricates information. Presents a disorganized and incoherent fashion. Written notes include major omissions with inaccurate information, may include inappropriate language, and may not be timely. Copies information without verification or attribution.	*Recognize a patient's history of 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		*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 relevant elements.	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*Disregards patient preferences. Cannot gather or synthesize data to inform an acceptable diagnosis. Lacks basic medical knowledge to construct a coherent problem list or plan. Cannot explain or document clinical reasoning. Disregards team input regarding patient management.	*Using clinical information, is able to articulate cognitive process to develop a basic differential diagnosis*Is able to construct a thorough problem list in a case or scenario, vignette, or simulated or real patient encounter		*Creates and prioritizes a problem list. Incorporates patient history, physical, and paraclinical 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.		*Constructs relevant, prioritized problem lists*Develops sophisticated plan for more uncommon or complicated patients*Includes follow up parameters to determine success or failure of approach*Revises plan as new information emerges*Refines process for efficiency and time management	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*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 influence 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 appropriate for patient-facing psychosocial, cultural, or structural barriers*Applies knowledge of social determinants of health to improve patient care	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Social determinants of health (RS7.1) *

*Does not identify, track, or pursue clinical questions arising in patient care or teaching. When prompted, cannot form specific clinical questions, search for 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 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		*Acquires evidence through sophisticated searches for credible resources appropriate to the clinical question*Appraises evidence for patient-facing validity, impact, and usefulness*Applies evidence considering clinical context and patient preferences	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Evidence-based practice (PS9.1) *

COMMUNICATION:

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; does not solicit patient participation. Unable to counsel or educate patient; play no consult or 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 roles that personal values and circumstances play in patients' decision and the importance of being aware of our own biases during shared decision making		*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 of and implicit biases potential impact on patient care and other interpersonal relationships		*Demonstrates ability to lead serious conversations*Able to take the lead in shared decisions*Engages in conversations with patients and families from diverse backgrounds*Thoroughly shares decision-making process*Consistently uses teach back to check understanding	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Patient and family communication (CM6.1; CM6.2) *

*Does not exhibit respectful or effective communication with peers, staff, and faculty. Communication is perceived by others as closing, condescending, or dismissive. Fails to coordinate care and does not follow through on planning.	*Demonstrates effective interactions with peers, staff, and faculty in small groups, and research settings, including active listening, respectful and honest communication. Ability to ask and answer 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 supervision*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*Makes referrals, providing specific questions and information*Demonstrates effective patient hand-off	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

RESPONSIBILITY to SOCIETY (RS):

*Demonstrates insensitive or intolerant of views or backgrounds that don't match own view	*Can identify 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 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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

*Disregards safety, safety, and describes systems in place in clinical settings to optimize patient safety as well as structural or system issues that can lead to disparate patient outcomes	*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-act) cycle approach to patient safety	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Patient Safety (RS7.3) *

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