# Core Clinical Clerkship A

**Evaluation Period:** 10/09/20XX - 11/03/20XX  
**Evaluator:** Bruin, Joe  
**Student:** UCLA Medical Student  
**Email:**  

### Choose the descriptors that best convey the student's performance.

1. **Dates of Contact:** mm/dd/yy to mm/dd/yy  
   - Not visible to student.

2. **Service and Location** (e.g. Neonatal Unit at Harbor):  
   - Not visible to student.

3. **Evaluator Type**  
   - Not visible to student.
   - **Faculty**  
   - **Resident**  
   - **Fellow**

4. **Experience/Setting**  
   - Not visible to student.
   - **Inpatient**  
   - **Ambulatory**  
   - **Inpatient & Ambulatory**

5. **Contact Time with Student**  
   - Not visible to student.
   - **0-2 hrs.**  
   - **2-6 hrs.**  
   - **6-15 hrs.**  
   - **15-20 hrs.**  
   - **20+ hrs.**
### Conducts the medical history

**Often misses key information.**
- Poor organization
- Ineffective questioner, applying the same template or questions regardless of the situation
- Inaccurately identifies relevant issues

**Able to gather a complete medical history.**
- Occasional deficits with organization and accuracy as case gains complexity
- Questioning builds upon gathered information to develop next line of questioning
- Identifies most key issues but misses some of the less critical details

**Consistently gathers a complete and accurate history.**
- Well organized and accurate medical history, does well with complex cases
- Questioning builds on gathered information, adjusting appropriately to each patient to focus or expand issues as deemed relevant
- Identifies the key problems and can be entrusted to have uncovered all relevant and critical details

**Exels in gathering a complete, accurate and relevant history.**
- Exceptionally organized and efficient history gathering even with the most complicated patients or challenging histories
- Reflects on gathered information to plan next line of questions, effectively using patient centered techniques to draw out subtle yet relevant issues even with challenging historians
- History displays superb accuracy. Information gathered advances clinical care, often obtaining information not revealed to others

### Performs the physical examination

**Often misses important findings and uses faulty technique.**
- Inconsistent and disorganized examiner
- Insensitive to patient comfort during the exam
- Does not exhibit flexibility in examination technique as situation requires

**Able to uncover physical findings and show appropriate physical examination technique.**
- Reliably reveals physical findings with occasional deficits in organization and thoroughness
- Attends to patient comfort and modesty
- Connection between history and physical is usually evident, sometimes challenged as case gains complexity or demands advanced techniques

**Consistently uncovers relevant physical findings and examines patients with appropriate technique and thoroughness.**
- Well organized and accurate physical examinations, does well with complex patients using appropriate techniques
- Patient-centered and informs patient of important findings in real time
- Uncovers subtle findings even in some difficult cases and ties maneuvers employed effectively to patient situation

**Exels in revealing subtle physical findings and performs an outstanding physical examination employing advanced techniques.**
- Exceptionally organized and thorough, especially with difficult cases, employing advanced examination techniques to uncover subtle physical findings
- Incorporates advanced techniques to ensure patient comfort and expands the examination and finding to convey trust
- Able to utilize advanced techniques and maneuvers in cases, able to articulate/teach use of evidence based techniques and procedures

### Insufficient Contact or Cannot Comment.

- Often misses important findings and uses faulty technique.
- Able to uncover physical findings and show appropriate physical examination technique.
- Consistently uncovers relevant physical findings and examines patients with appropriate technique and thoroughness.
- Exels in revealing subtle physical findings and performs an outstanding physical examination employing advanced techniques.
Fund of Knowledge

8.*

- Exhibits deficits in knowledge base.
  - Has difficulty relating basic science principles and clinical information related to specific patient situations
- Able to exhibit knowledge of basic pathophysiology for straightforward disease processes.
  - Able to relate basic pathophysiology principles to their patients' cases during rounds and in clinical settings
- Consistently exhibits knowledge of advanced pathophysiologic principles to evaluate most commonly encountered disease processes.
  - Consistently able to relate their breadth of science knowledge to discuss most cases evaluated by teams on rounds and clinical situations
- Excels in applying an impressive depth and breadth of sophisticated pathophysiologic principles to discern even complex clinical situations.
  - Can provide sophisticated explanations that relate evidence-based principles to explain clinical situations informing and advancing the knowledge of others on the team

Develops a differential diagnosis

9.*

- Clinical differential is frequently incomplete and incorrect.
  - Student often arrives at inappropriate or premature conclusions
  - Poor use of data and difficulty arriving at multiple possibilities
- Able to generate a differential diagnosis.
  - Able to generate a differential that includes the obvious conclusions but often lacks depth or detail
  - Able to use data to include several common diagnoses
- Consistently develops a well-reasoned differential that reflects priorities and clinical reasoning.
  - Provides a detailed and thorough differential diagnosis for commonly encountered clinical situations
  - Able to use data to prioritize both common and serious diagnoses
- Excels in developing a differential that reflects highly sophisticated clinical reasoning with an advanced prioritization process.
  - Consistently generates a complete differential diagnosis even in complex clinical situations
  - Discerns both common and not to miss diagnoses with sophisticated analyses.
  - Able to articulate or cite evidence for their clinical reasoning
Generates and manages a treatment plan

10.*

Contributes little to the treatment plan and management of patients.
- Unable to suggest treatment options or diagnostic workup
- Unable to describe indications for different tests and procedures
- Unreliable and/or requires excessive prompting to carry out or prioritize management tasks

Able to contribute ideas for a diagnostic or treatment plan of assigned patients.
- Suggests treatment options or testing/procedures, after prompting
- Demonstrates ability to understand indications for tests/procedures
- Frequently contributes to treatment or management plans and easily guided to create plan for tasks

Consistently contributes to the treatment plan in management of patients managed by the team.
- Enthusiastically presents a plan of action to diagnose and treat patients
- Able to select and describe appropriate indications for tests and procedures for the case at hand
- Generates treatment plans and takes ownership to carry out management tasks for their patients

Consistently and independently generates treatment plans and can be entrusted to independently carry out appropriate patient management tasks.
- Able to present treatment plans for their cases and may suggest plans for difficult cases that are being managed on the rotation by others
- Consistently demonstrates well-reasoned tests/procedures that account for individual patient variables
- Comprehensively manages all aspects of their patients' care, easily coached and trusted to carry tasks out independently

INTERPERSONAL and COMMUNICATION SKILLS:

Medical record documentation

11.*

Written notes often contain inaccuracies.
- Frequently incomplete and omit relevant data
- Inappropriate cutting and pasting of the medical record
- Frequent delayed note completion

Written notes are often complete.
- Occasional shortcomings in organization
- Information usually personally gathered or verified
- Write up includes an assessment and plan
- Occasional delay in completion of notes

Written notes are consistently thorough and complete.
- Notes are clear and accurate
- Information originally gathered and verified
- Includes a developed A&P
- Timely entry into the patient chart

Written notes are exceptionally thorough and precise.
- Integrates evidence and clear rationale for all suggested Assessments and Diagnostic and therapeutic Plan
- Notes are submitted in a timely manner
- Student's notes provide a reliable source of clear information for all members of the health care team
- Documented information is originally gathered and appropriately cited

Insufficient Contact or Cannot Comment.

Written notes often contain inaccuracies.

Written notes are often complete.

Written notes are consistently thorough and complete.

Written notes are exceptionally thorough and precise.
## Oral presentations

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| **Oral presentations often disorganized and inaccurate.** | - Frequently missing key details  
- Often contain inaccurate information |
| **Oral presentations are usually organized and accurate.** | - Occasionally difficult to follow  
- Requires some prompting & clarification  
- Relies heavily on written notes |
| **Oral presentations are consistently clear and accurate.** | - Contains relevant information  
- Fluent reporting  
- Easy to follow  
- Relies minimally on written notes |
| **Oral presentations are exceptionally precise and thorough.** | - Polished presentations  
- Organized thought process is evident  
- Uses few if any written prompts  
- Engages discussion  
- Presentation is appropriate for setting |

- Insufficient Contact or Cannot Comment.

## Communication and interactions with patients and families

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| **Misses patients’ concerns.** | - Fails to recognize emotional cues  
- Frequently uses medical jargon  
- Not attuned to patient needs |
| **Able to identify most of patients’ concerns.** | - Occasionally misses emotional cues  
- Occasionally uses medical jargon  
- Occasionally fails to elicit patients’ needs |
| **Consistently identifies and addresses to patients’ concerns.** | - Addresses patients’ perspectives and feelings  
- Communicates with little medical jargon  
- Elicits and addresses patients’ needs |
| **Skillfully identifies and addresses patients’ concerns.** | - Discrims nonverbal cues  
- Demonstrates empathy and is sensitive to patients’ needs  
- Effortlessly negotiates to reconcile patient & provider agendas  
- Provides exceptional communication with family members |

- Insufficient Contact or Cannot Comment.

- Misses patients’ concerns.

- Able to identify most of patients’ concerns.

- Consistently identifies and addresses to patients’ concerns.

- Skillfully identifies and addresses patients’ concerns.
Communication and interactions with the interprofessional team

Often disruptive or difficult to work with.
- Rude or dismissive
- Insufficient awareness of team roles
- Ignores certain team members
- Shows favoritism, communicates only when something to gain
- Makes comments that show dismissive attitudes toward interdisciplinary healthcare
- Goes it alone or inappropriately demands tasks of others without checking

Able to function as an integral member of the team.
- Learning the benefits of delegating or acquiescing tasks to others
- Requires guidance to anticipate who to involve or consult on the team
- Willing to share tasks with prompting
- Communication usually timely

Consistently performs as an integral member of the team.
- Has positive and effective communications with ancillary staff
- Able to utilize team members in the care of patients
- Actively communicates to clarify roles
- Communicates all medically necessary information to other members of the team
- Easily guided to work with others

Notably enhances team functioning.
- Initiates or leads patient care discussions in a positive and effective manner
- Timely and respectful with all team members
- Can be entrusted to consistently complete patient handoffs
- Regularly validates others contributions to the team
- Actively involves all members of the team to enhance patient care
- Enhances team functioning and spirit
- Embraces interdisciplinary healthcare to improve patient care

Insufficient Contact or Cannot Comment.

Often disruptive or difficult to work with.

Able to function as an integral member of the team.

Consistently performs as an integral member of the team.

Notably enhances team functioning.
**Humanism (Respect, Compassion and Altruism)**

- Often disrespectful or intolerant of others:
  - Treats people differentially depending on position
  - Consistently puts self above others
  - Callous or dismissive of patients’ situation
  - Labels patients derisively

- Is polite and respectful:
  - Rarely makes assumptions or an uncaring remark
  - Occasionally has pronounced judgments
  - Rarely puts own interests above patients’

- Is consistently respectful, empathetic and compassionate:
  - Polite and courteous
  - Consistently puts patient as the priority
  - Never labels patients derisively

- Is a role model for superior empathy, compassion and respect:
  - Respectful of patients, family members and providers
  - Recognizes and helps to rectify disrespectful situations
  - Is exceptionally caring in all interactions
  - Assumes unexpected responsibilities to improve patient situations

**Integrity & Work Ethic**

- Often absent or not trustworthy:
  - Repeatedly breaches confidentiality
  - Misrepresents data or activities
  - Frequently leaves tasks incomplete
  - Not available to team
  - Does not admit mistakes

- Reliably provides patient care:
  - Maintains confidentiality
  - Available to team
  - Admits mistakes when confronted
  - Does what is asked of them and completes tasks

- Consistently volunteers to improve patient care:
  - Follows through beyond merely what is expected
  - Knows own limits and asks for help
  - Readily admits mistakes and attempts to correct them
  - Shows resourcefulness with assigned tasks
  - Eagerly guided to do more

- Demonstrates honesty and exhibits exceptional effort in circumstances:
  - Enhanced patient care results from their contributions
  - Consistently goes above and beyond expectations
  - Can be entrusted to follow through, excel with assigned tasks, and ask for assistance when needed
Commitment to Learning (Response to Feedback, Self-direction & Reflection)

17.*

**Often disengaged or reluctant to improve and learn.**
- Defensive and does not acknowledge own shortcomings
- Does not read up on patients even with prompting
- Unable to apply new information to current situation

**Able to use feedback to improve.**
- Occasionally welcomes feedback
- With prompting will actively work to improve knowledge base share knowledge with team

**Consistently uses feedback to improve performance.**
- Able to reflect on shortcomings in response to feedback
- Often reads up on patients to further knowledge base
- Applies new lessons to current patient situations
- Often reports new knowledge to the team

**Actively seeks out feedback and consistently uses it to improve performance.**
- Keen insight and presents plans for self-improvement
- Reads beyond what is expected and researches primary literature
- Applies and shares knowledge with team
- Teaches others and is a pleasure to teach

- Insufficient Contact or Cannot Comment.
- Often disengaged or reluctant to improve and learn.
- Able to use feedback to improve.
- Consistently uses feedback to improve performance.
- Actively seeks out feedback and consistently uses it to improve performance.
Coordination of patient care within the health care system

18.* Insufficient Contact or Cannot Comment.
- Often seems unaware of the system of care in management decisions
- Able to consider the system of care in clinical care coordination
- Consistently considers system of care in the clinical care coordination
- Demonstrates exceptional awareness of the larger context and system of health care and effectively calls the appropriate system resources to provide optimal coordinated care.

19.* Comments (Required)
Please share additional comments on the student's performance. Please note that these comments may be included in the student's MSPE. There is no limit to the length of comments that you may include.

20. Feedback (Optional)
Please complete if you would like to share feedback directly to the student that will help the student to become a better physician. This feedback will not be included in the student's MSPE.

21. Area of Concern (Optional)
If you have concerns and would like to be contacted by the Course Chair of Dean's Office, please enter "Yes" along with your contact information. Please note that indicating that you have a concern will not be visible to the student.
- No
- Yes