UCLA Clinical Grading Rubric

History

Often misses key information	Able to gather a complete medical history	Consistently gathers a complete and accurate history	Excels in gathering a complete, accurate and relevant history
• Poor organization • Ineffective questioner; applying the same questions regardless of situation • Inaccurately identifies relevant issues	• 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	• Well organized and accurate medical history, does well with complex cases • Questioning builds on gathered information, adjusting appropriately to the patient to focus or expand issues deemed relevant • Identifies the key problems and can be entrusted to have uncovered all relevant and critical details	• Exceptionally organized and efficient history gathering even with the most complicated patient or challenging history • 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.
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Physical exam

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	Excels in revealing subtle physical findings and performs an outstanding physical examination employing advanced techniques
• Inconsistent and disorganized examiner • Insensitive to patient comfort during exam • Does not exhibit flexibility in examination technique as situation requires	• 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	• 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 situations	• 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 explains 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
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Fund of Knowledge

Exhibits deficits in knowledge base	Able to exhibit knowledge of basic pathophysiology for straightforward disease processes	Consistently exhibits knowledge of advanced pathophys principles to evaluate most commonly encountered diseases	Excels in applying an impressive depth and breadth of sophisticated pathophys principles to discern even complex clinical situations
• Difficulty relating basic science principles and clinical info related to specific pt situations	• Relates basic pathophys principles to pts' cases during rounds and in clinical settings	• Consistently relates breadth of science knowledge to discuss most cases evaluated by team on rounds and in 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
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Differential Dx

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

Contributes little to the treatment plan and management of pts	Able to contribute ideas for a diagnostic or treatment plan of assigned pts	Consistently contributes to the treatment plan in mgmt of pts managed by team	Consistently and independently generates treatment plans and can be entrusted to independently carry out appropriate pt management tasks
• 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 mgmt tasks	• Suggests treatment options or testing/procedures, after prompting • Demonstrates ability to understand indications for tests/procedures • Frequently contributes to Rx or mgmt plans and easily guided to create plan for tasks	• Enthusiastically presents a plan of action to diagnose and treat pts • 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 mgmt tasks for their patients	• 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 pt variables • Comprehensively manages all aspects of their patients' care, easily coached and trusted to carry out tasks independently
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Medical record documentation

Written notes often contain inaccuracies	Written notes are often complete	Written notes are consistently thorough and complete	Written notes are exceptionally thorough and precise
• Frequently incomplete and omit relevant data • Inappropriate cutting and pasting of the medical record • Frequent delayed note completion	• Occasional shortcomings in organization • Info usually personally gathered or verified • Write-up includes an assessment and plan • Occasional delay in completion of notes	• Notes are clear and accurate • Info originally gathered and verified • Includes a developed A&P • Timely entry into the patient chart	• 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 info for all members of the healthcare team • Documented info is originally gathered and appropriately cited
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Oral presentations

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

Misses patient's concerns	Able to identify most of patient's concerns	Consistently identifies and address patient's concerns	Skillfully identifies and address patient's concerns
• Fails to recognize emotional cues • Frequently uses medical jargon • Not attuned to patient needs	• Occasionally misses emotional cues • Occasionally uses medical jargon • Occasionally fails to elicit patients' needs	• Addresses patient's perspectives and feelings • Communicates with little medical jargon • Elicits and addresses patient's needs	• Discerns nonverbal cues • Demonstrates empathy and is sensitive to patient's needs • Effortlessly negotiates to reconcile patient and provider agendas • Provides exceptional communication with family members
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Communication and interactions with the interprofessional team

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 function
• 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	• Learning the benefits of delegating or acquiescing tasks to others • Requires guidance to anticipate whom to involve or consult on the team • Willing to share tasks with prompting • Communication usually timely	• Has positive and effective communications with ancillary staff • Able to utilize team members in the care of pts • Actively communicates to clarify roles • Communicates all medically necessary info to other members of the team • Easily guided to work with others	• Initiates or leads patient care discussion sin 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
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Humanism (Respect, Compassion and Altruism)

Often disrespectful or intolerant of others • Treats people differently depending on position • Consistently puts self above others • Callous or dismissive of patients' situations • Labels patients derisively	Is able to be polite and respectful • Rarely makes assumptions or an uncaring remark • Rarely expresses preconceived judgments • Rarely puts own interests above patients' • Never labels patients derisively	Consistently respectful, empathetic and compassionate • Respectful of pts, family members and providers • Consistently puts pt as the priority and considers their perspective • Communicates with a non-judgmental approach	Demonstrates exemplary empathy, compassion and respect • Exemplifies caring interactions with pts and team members • Models respect for pts, family members and providers • Communication style is non-judgmental and is regularly patient-centered and empathetic
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Integrity and Work Ethic

Often absent or not trustworthy • Repeatedly breaches confidentiality • Misrepresents data or activities • Frequently leaves tasks incomplete • Not available to the team and poorly communicates absences • Does not admit mistakes	Reliably provides patient care • Maintains confidentiality • Available to team and communicates whereabouts • Admits mistakes but only 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 • Easily guided to do more for the pts & team	Demonstrates honesty and exhibits exemplary work ethic • Contributions result in enhanced pt care and team functioning • Consistently goes above and beyond expectations • Consistently seeks opportunities to improve patient care • Can be entrusted to follow through, excel with assigned tasks, and ask for assistance when needed
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Commitment to learning (response to feedback, self-direction and reflection)

Often disengaged or reluctant to improve and learn • Defensive and does not acknowledge own shortcomings • Doesn't read up on pts even with prompting • Unable to apply new info to current situation	Able to use feedback to improve • Occasionally welcomes feedback • With prompting will actively work to improve knowledge base and share knowledge with team	Consistently uses feedback to improve performance • Able to reflect on shortcomings in response to feedback • Often reads up on pts to further knowledge base • Applies new lessons to current pt 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
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Coordination of patient care within the health care system

Often seems unaware of the system of care in mgmt decisions • Ignores the system which is the context of care for their patients • Plans do not convey an understanding of the importance of coordination of care • Mgmt routinely lacks consideration of issues beyond the pt's physiologic processes	Able to consider the system of care in clinical care coordination • Aware of need to coordinate care to overcome potential barriers that may be system-based • At times considers that pts need assistance to overcome such barriers to allow follow through with disposition plans • Occasionally inquires about health system-based considerations for the pt's mgmt	Consistently considers system of care in clinical care coordination • Includes plans to enlist resources, EMR, allied health professionals in the coordination of care plans • Accounts for drug formularies, insurance/healthcare funding factors in assessments and plans • Considers need to enlist available resources when planning for patient dispositions	Demonstrates exceptional awareness of the larger context and system of healthcare and effectively calls the appropriate system resources to provide optimal coordinated care • Utilizes available resources and relevant health and allied health professionals, data from registries and/or EMR quality improvement parameters as resources for coordinating care • Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care • Effectively coordinates pt discharge with consideration of medical and psychosocial issues (including drug formularies, insurance limitations and costs). • Accounts for resources available to the pt in financing or following through with care options, often solicits solutions and troubleshoots barriers
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