

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

PATIENT CARE:

1.*

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

Excels 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

- Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.
-
- 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.

2.*

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

Excels in revealing subtle physical findings and performs an outstanding physical examination employs 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 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

- Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.
-
- 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.

CLINICAL KNOWLEDGE and APPLICATION:

3.*

Fund of Knowledge

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 pathophysiologic 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 evidenced based principles to explain clinical situations informing and advancing the knowledge of others on the team

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-

- Exhibits deficits in knowledge base.
- Able to exhibit knowledge of basic pathophysiology for straightforward disease processes.
- Consistently exhibits knowledge of advanced pathophysiologic principles to evaluate most commonly encountered disease processes.
- Excels in applying an impressive depth and breadth of sophisticated pathophysiologic principles to discern even complex clinical situations.

4.*

Develops a differential diagnosis

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

- Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.

- Clinical differential is frequently incomplete and incorrect.
- Able to generate a differential diagnosis.
- Consistently develops a well-reasoned differential that reflects priorities and clinical reasoning.
- Excels in developing a differential that reflects highly sophisticated clinical reasoning with an advanced prioritization process.

5.*

Generates and manages a treatment plan

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.

Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.

Contributes little to the treatment plan and management of patients.

Able to contribute idea for a diagnostic or treatment plan of assigned patients.

Consistently contributes to the treatment plan in management of patients managed by the team.

Consistently and independently generates treatment plans and can be entrusted to independently carry out appropriate patient management tasks.

INTERPERSONAL and COMMUNICATION SKILLS:

6.*

Medical record documentation

Written notes often contains 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 – please select if you cannot evaluate this domain fairly.
-
- Written notes often contain inaccuracies.
-
- Written notes are often complete.
-
- Written notes are consistently thorough and complete.
-
- Written notes are exceptionally thorough and precise.

7.*

Oral presentations

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 – please select if you cannot evaluate this domain fairly.
-
- Oral presentations often disorganized and inaccurate.
-
- Oral presentations are often organized and accurate.
-
- Oral presentations are consistently clear and accurate.
-
- Oral presentations are exceptionally precise and thorough.

8.*

Communication and interactions with patients and families

8

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.

- Discerns 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 – please select if you cannot evaluate this domain fairly.
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- Misses patients' concerns.
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- Able to identify most of patients' concerns.
-
- Consistently identifies and addresses to patients' concerns.
-
- Skillfully identifies and addresses patients' concerns.

9.*

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

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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.

PROFESSIONALISM:

10.*

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 patient derisively

Is able to be polite and respectful.

- Rarely make assumptions or an uncaring remark
- Rarely expresses preconceived judgments
- Rarely puts own interests above patients'
- Never labels patients derisively

Is consistently respectful, empathetic and compassionate.

- Respectful of patients, family members and providers
- Consistently puts patient as the priority and considers their perspective
- Communicates with a non-judgmental approach

Demonstrates exemplary empathy, compassion and respect.

- Exemplifies caring interactions with patients and team members
- Models respect for patients, family members and providers
- Communication style is non-judgmental and is regularly patient centered and empathetic

Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.

Often disrespectful or intolerant of others.

- Is polite and respectful.
- Is consistently respectful, empathetic and compassionate.
- Is a role model for superior empathy, compassion and respect.

11.*

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
- Easily guided to do more for the patients and the team

Demonstrates honesty and exhibits exemplary work ethic.

- Contributions result in enhanced patient 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

- Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.

- Often absent or not trustworthy.

- Reliably provides patient care.

- Consistently volunteers to improve patient care.

- Demonstrates honesty and exhibits exceptional effort in circumstances.

PRACTICE BASED LEARNING AND IMPROVEMENT:

Commitment to Learning (Response to Feedback, Self-direction & Reflection)

12.*

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 – please select if you cannot evaluate this domain fairly.
-
- 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.

SYSTEM-BASED PRACTICE

13.*

Coordination of patient care within the health care system

Often seems unaware of the system of care in management 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 Management routinely lacks consideration of issues beyond the patient'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 patients need assistance to overcome such barriers to allow follow through with disposition plans
- Occasionally inquires about health system based considerations for the patient's management

Consistently considers system of care in the 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 health care 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 patient discharge with consideration of medical and psychosocial issues (including drug formularies, insurance limitations and costs).
- Accounts for resources available to the patient in financing or following through with care options, often solicits solutions and troubleshoots barriers

Insufficient Contact or Cannot Comment – please select if you cannot evaluate this domain fairly.

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.

14.* **Comments (Required)**

Please share additional comments on the students 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.

15. **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

16.* **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

17.

Clinical Grade

Student must pass all competencies.

Competency

Must Pass By

Patient Care	≥50%
Clinical Knowledge and Application	≥33%
Interpersonal and Communication Skills	≥50%
Professionalism	≥50%
Practice Based Learning and Improvement	≥50%
System-Based Practice	≥25%

Total Evaluation Score

Clinical Grade

88-100%	Honors
75-87%	High Pass
48-74%	Pass
≤47%	Fail

Honors

High Pass

Pass

Fail

Incomplete

Final Course Grade

Final Grade Here