



Greenheart Medical University School of Medicine

CLINICAL EVALUATION FORM

(Please PRINT all information.)

STUDENT: _____ ID NO: _____ CLASS OF: _____ YEAR (3 OR 4): _____

ROTATION: _____ ROTATION IS: _____ Core _____ Elective (check one)

DATES OF ROTATION: D _____ M _____ Y _____ to D _____ M _____ Y _____

SITE / LOCATION / HOSPITAL: _____

EVALUATOR'S NAME: _____ (Printed Name)

For each item, choose the behavioral narrative that **MOST ACCURATELY** describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

1. Please enter the preceptor name(s) and preceptor title(s) contributing to this evaluation: *

- Attending Physician
- Fellow
- Resident
- Other

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 which relate to the student's attitude/behavior, clinical skills, and knowledge. (Use additional pages as needed)

ATTITUDES AND BEHAVIORS:

For each item, choose the behavioral narrative that **MOST ACCURATELY** describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance

5. ATTENDANCE, EFFORT, AND Demeanor

- *Routinely lacks preparation for clinical/classroom activities.
- *Frequently arrives late or is absent without notification or explanation.
 - *Makes no effort to help meet patient and team needs.
 - *Fails to maintain professional appearance, demeanor or boundaries.
- *Sometimes lacks adequate preparation.
- *Occasionally arrives late or is absent without notification or explanation.
 - *Exercises minimal effort to help meet patient and team needs.
 - *Maintains professional demeanor in the majority of circumstances.
- *Arrives to clinical/classroom settings prepared and punctual.
- *Misses class or clinical work only for compelling/excused reasons.
 - *Exercises consistent effort to help meet patient and team needs
- *Engages in anticipatory planning, going beyond what is asked, to contribute to patient care and teamwork.
 - *Handles absences in a highly professional manner with members of the team.
- *Not Able to evaluate

6. RELATIONSHIPS WITH PATIENTS

- *Lacks basic listening or communication skills, respect or empathy.
 - *Disregards differences related to culture, ethnicity, gender, race, age, sexual orientation, and religion.
- * Misses opportunities to include input from family/caregivers.
 - * Misses opportunities to provide empathy.
 - *Lacks basic awareness of differences related to culture, ethnicity, gender, race, age, sexual orientation, and religion.
- *Consistently seeks to include families/caregivers.
- *Consistently displays patient- centered listening and communication skills, respect and empathy.
 - *Demonstrates awareness of and seeks to understand patient's unique characteristics and needs.
- *Establishes working relationships, even with complex patients/ families.
 - *Is recognized by patients as their provider and advocate on the team.
 - *Suggests care plans which account for and incorporate a patient's unique characteristics and needs.
- *Not able to evaluate

7. PROFESSIONAL RELATIONSHIPS

- *Demonstrates difficulty working with others.
 - *Fails to communicate respectfully and consistently with staff and colleagues, including non-physician providers.
 - *Behavior prompts concerns from team members regarding professional interactions.
 - * Works respectfully with associates, but lacks initiative in contributing to teamwork.
 - *Communicates with team members in a unidirectional manner and usually in response to a prompt.
 - *Lacks awareness of or desire to understand the roles of interprofessional team members
 - *Develops good rapport with staff and colleagues. Shows ability to be flexible, compromise.
 - *Communicates in a bidirectional manner and keeps team members informed and up-to-date.
 - *Understands and respects the roles of interprofessional team members.
 - *Functions as an active and integrated member of the interprofessional healthcare team.
 - *Contributes to a highly positive team dynamic by offering constructive solutions while also fostering participation by and seeking counsel from inter- and intraprofessional team members.
 - *Not able to evaluate
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8. TRUSTWORTHINESS

- *Fails to prioritize or follow through on tasks necessary for patient care or teamwork.
 - *Does not acknowledge limitations and remains overly confident.
 - *Misleads, misrepresents, or purposefully omits important information
 - *Fails to prioritize tasks and requires reminders to complete them on time.
 - *Seeks to understand one's own role and how/when to seek help.
 - *Does not demonstrate deceit, though may not understand what information needs to be shared.
 - *Generally prioritizes and completes tasks on time, but may lapse in stressful or complicated scenarios.
 - *Demonstrates understanding of one's own role.
 - *Accepts advancing responsibility while appropriately recognizing one's own limits and seeking help when needed.
 - *Remains truthful and viewed as trusted source of information by the team.
 - *Proactively organizes and prioritizes work for the team and conscientiously completes tasks on time.
 - *Effectively manages conflicting duties.
 - *Proactively anticipates situations requiring help.
 - *Remains truthful, accurate, appropriately detailed, and transparent. Discloses near misses
 - *Not able to evaluate
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9. SELF-DIRECTED LEARNING

- *Appears unaware of knowledge deficits
- *Does not seek feedback and reacts defensively to unsolicited feedback.
 - *Does not independently identify clinical questions.
 - *When prompted, does not follow through to pursue medical information
- *Seeks to identify gaps in knowledge.
 - *Responds attentively to unsolicited feedback.
 - *When prompted regarding clinical questions, proposes vague queries lacking specificity.
 - *Pursues medical information in a cursory fashion and does not appraise the quality of the evidence.
- *Seeks to identify and fill gaps in knowledge and skills.
 - *Actively solicits and assimilates feedback from supervisors.

*Independently identifies clinical questions and takes initiative to pursue them.

*Seeks to identify and fill gaps in knowledge and reflects upon the learning process.

*Actively solicits feedback from all members of the inter- and intraprofessional team and develops an action plan for improvement.

*Employs acceptable standards for generating clinical questions and searching/appraising the literature.

*Not able to evaluate

10. RECOMMENDATIONS FOR FUTURE LEARNING IN THE AREA OF ATTITUDES AND BEHAVIORS

(these comments are solely for the purpose of formative feedback and are NOT intended for use in the Dean's office):

CLINICAL SKILLS:

For each item, choose the behavioral narrative that **MOST ACCURATELY** describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

11. INTERVIEW

*Does not collect accurate historical data.

*Relies exclusively on secondary sources or documentation of others.

*Is disrespectful in interactions with patients.

*Disregards patient privacy and autonomy.

*Fails to recognize patient's central problem

*Gathers excessive or incomplete data.

*Does not deviate from a template.

*Communicates unidirectional.

*Does not respond to patient verbal and nonverbal cues.

*Questions are not guided by the evidence and data collected.

*Does not prioritize or filter information.

*Questions reflect a narrow differential diagnosis.

*Does not engage patients and families in discussions of care when given the opportunity.

*Uses a logical progression of questioning.

*Questions are prioritized and not excessive.

*Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon.

*Is able to filter signs and symptoms into pertinent positives and negatives.

*Obtains a complete and accurate history in an organized fashion.

*Seeks secondary sources of information when appropriate.

*Adapts to different care settings and encounters.

*Responds effectively to patient's verbal and nonverbal cues and emotions.

*Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning.

*Engages in shared decision making by actively soliciting patient's preferences.

*Not able to evaluate

12. PHYSICAL EXAM

*Does not consider patient's privacy and comfort during exams.

*Incorrectly performs basic physical exam maneuvers.

*Performs basic exam maneuvers correctly.

*Does not perform exam in an organized fashion.

- *Relies on head-to- toe examination.
- *Misses key findings.

*Targets the exam to areas necessary for the encounter.

- *Identifies and describes normal findings.
- *Explains exam maneuvers to patient.

*Performs an accurate exam in a logical and fluid sequence.

- *Uses the exam to explore and prioritize the working differential diagnosis.
- *Can identify and describe normal and abnormal findings

- *Not able to evaluate

13. ORAL PRESENTATION

*Fabricates information when unable to respond to questions.

- *Presents in a disorganized and incoherent fashion.
- *Presents information in a manner that frightens family.

*Delivers a presentation that is not concise or that wanders.

- *Presents a story that is imprecise because of omitted or extraneous information.
- *Follows a template.
- *Uses acronyms and medical jargon.
- *Projects too much or too little confidence.

*Delivers a presentation organized around the chief concern.

- *When asked, can identify pertinent positives and negatives that support hypothesis.
- *When prompted, can adjust presentation in length and complexity to match situation and receiver of information.

*Filters, synthesizes, and prioritizes information into a concise and well- organized presentation.

- *Integrates pertinent positives and negatives to support hypothesis.
- *Tailors length and complexity of presentation to situation and receiver of information.
- *Conveys appropriate self-assurance to put patient and family at ease.

- *Not able to evaluate

14. WRITTEN PRESENTATION

*Provides incoherent documentation.

*Copies and pastes information without verification or attribution.

- *Does not provide timely documentation when required.
- *Provides illegible documentation.
- *Includes inappropriate judgmental language.
- *Notes include major omissions and/or inaccurate information

*Misses key information. *Uses a template with limited ability to adjust or adapt.

*Produces documentation that has errors or does not fulfill institutional requirements (e.g., date, time, signature, avoidance of prohibited abbreviations).

- *Has difficulty meeting turnaround expectations.
- *Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient's preferences.
- *Interprets laboratories by relying on norms rather than context.
- *Does not include a rationale for ordering studies or treatment plans.

- *Provides key information but may include unnecessary details or redundancies.
- *Demonstrates ability to adjust or adapt to audience, context, or purpose.
- *Recognizes and corrects errors related to required elements of documentation.
- *Meets needed turnaround time for standard documentation.
- *Documents a problem list, differential diagnosis, plan, and clinical reasoning.
- *Is inconsistent in interpreting basic tests accurately.
- *Solicits patient's preferences and records them in a note

- *Provides a verifiable cogent narrative without unnecessary details or redundancies.
- *Provides accurate, legible, timely documentation that includes institutionally required elements.
- *Documents role in team- care activities in the patient's record.
- *Documents use of primary and secondary sources necessary to fill in gaps.
- *Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers.
- *Interprets laboratory values accurately.

*Not able to evaluate

15. CLINICAL REASONING AND JUDGMENT

- *Cannot gather or synthesize data to inform an acceptable differential diagnosis.
- *Disregards emerging diagnostic information.
- *Ignores team's recommendations.
- *Cannot explain or document clinical reasoning.

- *Proposes a differential diagnosis that is too narrow, too broad, or contains inaccuracies.
- *Does not integrate emerging information to update the differential diagnosis.
- *Recommends a long list of untailored diagnostic tests.
- *Depends on team for all management plans

- *Gathers pertinent data based on initial diagnostic hypotheses.
- *Proposes a reasonable differential diagnosis but may neglect some diagnostic considerations.
- *Integrates emerging information to update the differential.
- *Begins to organize knowledge by illness scripts (patterns).
- *Recommends diagnostic evaluations tailored to the differential.
- *Acknowledges ambiguity and remains open to challenges

- *Gathers pertinent information from multiple sources in a hypothesis- driven fashion.
- *Articulates a differential diagnosis that is supported by the data and identifies likely and can't miss diagnoses.
- *Organizes knowledge into illness scripts.
- *May engage in pattern recognition but switches to hypothesis testing in the face of uncertainty.
- *Proposes sophisticated diagnostic and management plan that considers patient preferences and evidence from the literature.
- *Encourages questions and challenges from patients and team.

*Not able to evaluate

16. RECOMMENDATIONS FOR FUTURE LEARNING IN THE AREA OF CLINICAL SKILLS

(these comments are solely for the purpose of formative feedback and are NOT intended for use in the Dean's office):

KNOWLEDGE:

For each item, choose the behavioral narrative that **MOST ACCURATELY** describes the student's performance. There may be aspects of the student's performance that are reflected in more than one narrative. Choose the one that captures most of the elements of the student's performance.

17. BASIC SCIENCE

- *Cannot recall basic principles of biochemistry, genetics, cell biology, physiology, pharmacology, microbiology, or immunology.
 - *Demonstrates flaws in understanding of basic science principles.
 - *Has difficulty processing clinical information due to gaps in knowledge; lacks awareness of these gaps.
 - *Cannot apply basic science principles to clinical scenarios.

- *Recalls basic science principles.
 - *Demonstrates some gaps in understanding of basic science principles.
 - *Can acknowledge and fill gaps but sometimes requires prompts to do so.
 - *Can sometimes apply basic science principles to clinical scenarios

- *Identifies and acknowledges gaps in knowledge and develops and implements a plan to correct.
 - *Identifies relevant questions and seeks out resources to answer them.
 - *Soundly applies basic science principles to clinical scenarios.

- *Teaches team members about basic science principles relevant to patient diagnosis or treatment, when given the opportunity (e.g., assigned clerkship presentations, EBM assignments).
 - *Applies basic science principles to clinical scenarios in innovative ways

- *Not able to evaluate

18. CLINICAL SCIENCE

- *Cannot recall principles of pathophysiology, diagnostic testing and treatment.
 - *Demonstrates flaws in understanding of clinical science principles.
 - *Has difficulty processing clinical information due to gaps in knowledge; lacks awareness of these gaps.
 - *Cannot apply clinical science principles to clinical scenarios

- *Recalls principles of pathophysiology, diagnostic testing and treatment.
 - *Demonstrates some gaps in understanding of clinical science principles.
 - *Can acknowledge and fill gaps but sometimes requires prompts to do so.
 - *Can sometimes apply clinical science principles to clinical scenarios.

- *Identifies and acknowledges gaps in knowledge and develops and implements plans to correct.
 - *Identifies relevant clinical science questions and seeks out evidence-based resources to answer these questions.
 - *Soundly applies clinical science principles to clinical scenarios.

- *Teaches team members about clinical science findings relevant to patient diagnosis or treatment (e.g., assigned clerkship presentations, EBM assignments).
 - *Applies clinical science principles to clinical scenarios in innovative ways.

- *Not able to evaluate

19. RECOMMENDATIONS FOR FUTURE LEARNING IN THE AREA OF KNOWLEDGE (these comments are solely for the purpose of formative feedback and are NOT intended for use in the Dean's office).

EVALUATION BREAKDOWN

| EVALUATION | MAXIMUM MARKS | MARKS OBTAINED |
|--|---------------|----------------|
| Clinical Presentation and Theoretical Correlation (Ward Rounds Participation, Quizzes, Presentations) | 35 | |
| History and Physical Examination | 10 | |
| Clinical Judgment | 10 | |
| Procedural Skills and Patient Care | 10 | |
| Laboratory and Imaging Correlation | 10 | |
| Bedside Manners | 10 | |
| Clerical Skills and Organization | 5 | |
| Professional Attitude, Behavior and Communication Skills | 5 | |
| Attendance (Punctuality, On-call Availability) | 5 | |
| Overall Total | 100 | |

| | | | | | |
|-------------------------------------|--------------------|--------------------------|-------------------------|------------------------------|--------------------------|
| CLINICAL GRADE (Circle one): | INCOMPLETE* | FAIL Below 60% | PASS 60-69.4% | HIGH PASS 70-79.4% | HONORS 80-100% |
|-------------------------------------|--------------------|--------------------------|-------------------------|------------------------------|--------------------------|

*Grade of Incomplete or Failure must include an explanation below (Use additional pages as needed)

Evaluator: _____
(Printed Name and Degree)



Clinical Coordinator: _____
(Printed Name and Degree)

Evaluator: _____
(Signature)

Clinical Coordinator: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

KINDLY COMPLETE THIS EVALUATION CONFIDENTIALLY