

Medical Student End-of-Clerkship Assessment by Faculty or Resident Teacher

Medical student: _____ Faculty member/resident completing form: _____ Rotation Dates: ___/___/___ - ___/___/___

Clerkship: _____

Site: _____ Setting: Inpatient Outpatient Other (Please explain) _____ Duration of observation of this student's academic performance: _____ days

<i>Please circle the corresponding number that best reflects student's performance:</i>	Needs improvement (Please provide narrative comments for remediation.)	Developing	Meeting expectations	Exceeding expectations	Exceptional (Performance exceeds 90th percentile of all medical students. Please explain in narrative comments.)
	1	2	3	4	5
Patient Care: Provides patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Does not obtain a complete or accurate history. Ignores patient perspective/comfort. Incorrectly performs key basic physical exam. Does not develop or carry out a care plan. Hinders team during emergencies.	Gathers excessive or incomplete data. Does not consistently consider patient perspective/comfort. Performs disorganized exam. Provides limited differential diagnosis, assessment and plan. Fails to recognize emergencies.	Obtains a solid basic history. Demonstrates compassion for patients. Performs basic exam maneuvers correctly. Synthesizes data to present a reasonable differential, assessment and plan. Requires prompting in emergencies.	Gathers pertinent history with a logical flow of questions. Consistently addresses patient's needs. Targets exam accurately. Presents a more detailed differential diagnosis, assessment and plan. Recognizes emergencies and helps team.	Obtains a complete, accurate and organized history. Performs skillful exam in a fluid sequence. Reasons astutely to present a cogent differential, assessment & plan. Recognizes and responds effectively to emergencies.
Knowledge for Practice: Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.	Demonstrates a lack of basic medical knowledge required to reason effectively. Fails to recognize patient's central problem. Does not apply a scientific approach to clinical situations. Cannot synthesize data.	Struggles to retrieve knowledge for effective reasoning. Asks questions that reflect a narrow differential diagnosis. Requires assistance to apply evidence to common medical conditions.	Inconsistently demonstrates an analytical approach to clinical situations. Is beginning to organize knowledge by patterns to propose a reasonable differential diagnosis but may neglect important diagnostic information.	Generally applies principles of clinical science. Asks questions purposefully to clarify patient's issues. Filters signs and symptoms into pertinent positives and negatives. Proposes a fairly accurate differential diagnosis.	Demonstrates astute clinical reasoning through targeted, hypothesis-generated questioning. Consistently organizes knowledge into patterns to generate a relevant differential diagnosis. Explains rationale for selecting and interpreting tests. Applies patient-specific guidelines.
Practice-Based Learning and Improvement : Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.	Engages in little or no self-evaluation. Requires direction to appropriate resources. Refuses to consider limitations in the literature or apply published evidence to specific patient care. Declines using new information technologies.	Accepts feedback but does not incorporate it into practice. When accessing information technology, uses vague or inappropriate search strategies. Accepts findings from clinical studies without critical appraisal.	Incorporates feedback. Self-evaluates inconsistently. With prompting, translates information needs into clinical questions. Applies published evidence to common medical conditions.	Seeks and incorporates feedback. Recognizes own areas needing improvement. Seeks assistance to translate information needs into well-formed clinical questions.	Identifies gaps in own knowledge. Develops knowledge guided by well-formed questions. Uses refined search strategies. Uses levels of evidence and applies nuanced findings.
Interpersonal and Communication Skills: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	Is disrespectful in interactions with patients. Disregards emotional cues. Frequently appears distracted. Ignores team's recommendations. Documents incoherently. Provides a patient presentation in a very disorganized fashion. Does not provide documentation when required.	Communicates unidirectionally without incorporating patient's perspective. Delivers a patient presentation in a somewhat disorganized fashion, telling an imprecise story because of omitted or extraneous information. Documentation does not fulfill institutional requirements.	Demonstrates basic communication skills. Usually anticipates and interprets patient's emotions. Uses jargon or other ineffective communication techniques. May display a lack of confidence. When prompted, can adjust a patient presentation to the listener. Recognizes and corrects errors in documentation.	Usually demonstrates effective communication skills (open-ended questions, listening, body language, avoiding jargon). Tailors patient presentations and other communications to audience without prompting. Generally provides accurate documentation that includes key information.	Adapts communication skills to individual patient. Responds effectively to verbal and nonverbal cues. Communicates bidirectionally. Gives a concise and organized patient presentation. Provides complete and succinct documentation.
Professionalism: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles	Withholds or is defensive with feedback. Breaches patient confidentiality/privacy. Does not tell the truth. Is unable to modify behavior. Places self or others at risk. Attempts to cover up errors.	Lacks situational awareness when presenting sensitive patient information. Prioritizes own goals over those of the team. Requires prompts to perform common safety behaviors, and to recognize own errors.	Demonstrates situational awareness when discussing patients. Demonstrates respectful interactions and tells the truth. Follows common safety practices. Identifies own errors but needs help to address them.	Consistently considers patient confidentiality/privacy. Prioritizes team's needs over personal needs. Engages in all daily safety habits. Identifies and reflects on own errors.	Supports all team members. Actively improves team's safety habits. Identifies and reflects on own errors, takes responsibility to address and learn from them.
Systems-Based Practice: Demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care	Displays frustration at system improvement efforts. Does not follow established protocols for placing orders. Ignores prescription alerts. Cannot provide a rationale for ordering tests.	Passively observes system improvement efforts. Recommends inappropriate or unnecessary tests. Does not recognize when to deviate from a standard order set. Underuses information that could help avoid errors.	Participates in system improvement efforts when prompted but may not recognize system failures. May neglect impact of false positive or false negative tests. Completes simple orders.	Actively joins ongoing system improvement efforts. Explains pre- and posttest probability. Usually recognizes when to deviate from a standard order set.	Leads system improvement efforts. Recommends key, reliable, cost-effective tests. Explains how results will influence management. Applies patient-specific guidelines. Consistently recognizes when to deviate from standard orders.
Interprofessional Collaboration: Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care	Does not acknowledge other members of the interdisciplinary team as important. Dismisses input from professionals other than physicians. Puts others in a position of resolving interprofessional conflicts.	Identifies roles of other team members but does not know how or when to engage them. Has limited participation in team discussion.	Interacts with other team members. Is typically a more passive member of the team.	Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these into practice. Integrates into team function, prioritizing team goals.	Effectively partners as an integrated member of the team. Actively engages with patient and team to coordinate care and provide for seamless care transitions.
Personal and Professional Development : Demonstrates the qualities required to sustain lifelong personal and professional growth:	Becomes defensive when questioned. Does not seek or accept help when needed. Displays overconfidence that may cause harm.	Displays discomfort with questions and challenges. Shows overconfidence that erodes trust, or lack of confidence that increases patient stress or discomfort.	Is somewhat open to questions/challenges. Accepts help when needed. Has difficulty articulating personal limitations such that patient/family need reassurance from senior colleague.	Acknowledges ambiguity and is open to questions and challenges. Accepts feedback. Usually seeks help when needed. Often demonstrates appropriate confidence.	Encourages questions/challenges. Consistently seeks help when needed. Demonstrates confidence commensurate with knowledge and skill so that patient and family are at ease.

Please provide narrative comments to be included in the medical student performance evaluation (MSPE or "dean's letter"):

Confidential feedback for clerkship director (not to be included in MSPE/"Dean's letter"):

Thank you for providing a timely and constructive assessment!