

OHSU School of Medicine Midterm Formative Feedback

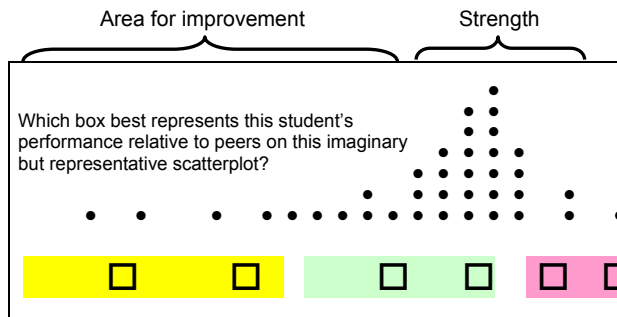
Student: _____ Course _____ Evaluator: _____
 Dates of rotation: _____ Midterm feedback was reviewed with student : ____/____/____

For evaluations submitted in non-electronic form:

Student signature _____ Evaluator Signature _____

This required mid-term evaluation will not be applied to calculated final grade, although specific areas of improvement may be considered by evaluator in subsequent evaluations. The primary purpose of this evaluation is to provide the student with formative feedback. Please submit signed evaluation in hard copy form to **Trevor Monteith** or return electronically with visible cc to student, so student's opportunity to review written version is confirmed.

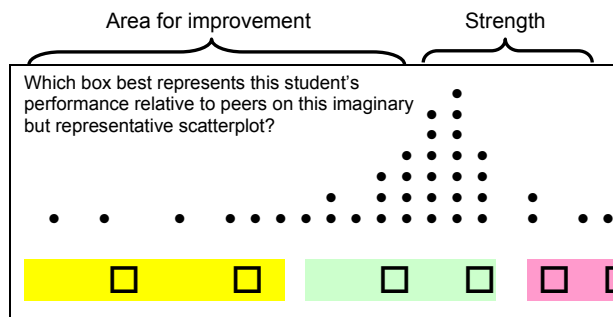
Knowledge, Reasoning, and Problem Solving (Pathophysiology, reasoning, methods)



Strategies for improvement

- Dedicate additional attention to selection of pertinent positive and negative findings
- Expand upon reasoning within differential diagnoses
- Increase independent learning through books, journals, or on-line resources
- Formally or informally share learning with team
- (other, or comments)

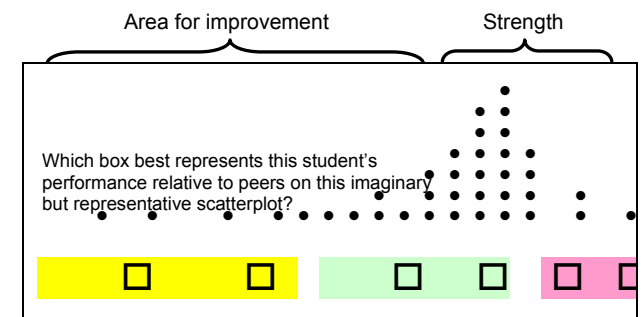
Clinical Skills (History/ phys. exam/ mental status exam, procedures, presentations, communication)



Strategies for improvement

- Collect initial information and updates about assigned patients in a more timely or more comprehensive manner
- Physical examination or mental status examination should incorporate assessments that are uniquely relevant to clinical case, in addition to universal elements
- Tailor the length and detail of oral presentations to listener's level of need
- Make additional efforts to prioritize problems by acuity or importance
- Expand endeavor to educate the patient while obtaining clinical information
- (other, or comments)

Attitudes and Behavior (Humanism, professionalism, collegiality)



Strategies for improvement

- Increase communication with team about personal schedule or activities, or personal goals for rotation
- Improve promptness for rounds or meetings
- Anticipate team needs/ increase service role within team
- Demonstrate more visible enthusiasm for learning
- Increase communication and rapport with non-MD staff
- More obviously vocalize or demonstrate compassion for patients
- Balance personal learning or performance opportunities with the needs of other learners
- (other, or comments)

One useful means of evaluating clinical skills for students of medicine is to identify at what level they process and utilize clinical information (known to medical educators as the "RIME" rating sequence.) For the student's own feedback, please select the role that they demonstrate in the RIME sequence that is most representative of their skills: **Observer** **Reporter** **Interpreter** **Manager**

PLEASE CHOOSE ONE BOX THE STUDENT NEEDS A DEFINITE GRADE

Pediatrics 2

GRADING SYSTEM

The (O)RIME Method For Medical Students

The RIME method of grading emphasizes a developmental approach and distinguishes between basic and advanced levels of performance for clinical rotations. Such a system is “synthetic” rather than “analytic” and each step represents a synthesis of skills, knowledge, and attitudes that have been practiced from the preclinical years of medical school through residency.

Observer: A student in pre-reporter status, not meaningfully contributing to patient care activities. First- and second-year medical students largely are observers.

Reporter: Student can accurately gather and clearly communicate the clinical facts about a patient. Mastery of this step requires the basic skills to obtain a history and do a physical examination and the basic knowledge of what to look for. The student “reports” the facts, such as, “the pt has had 3 days of increasing shortness of breath and fatigue”, “the heart rate is 100”, “the liver is 3 cm below the costal margin”, “the sodium is 140.” This descriptor emphasizes day-to-day reliability – for instance, being on time, or following up on a patient’s progress. The student at this stage has a sense of responsibility and is achieving consistency in bedside skills in interpersonal relationships with patients. Reporter is minimum passing criterion in the third-year medical student clerkship. An OHSU student consistently at the level of “reporter” would receive a clinical grade of “Satisfactory.” A student not consistently performing at the level of “reporter” by the end of the clerkship would receive a grade of “Marginal” or “Failure” and will be required to remediate the clerkship during their MS4 year.

Interpreter: Making a transition from “reporter” to “interpreter” is an essential and often difficult step in the professional growth of a student. An interpreter can report the facts accurately, and also can “interpret” these facts by thinking critically about the clinical data and formulating a differential diagnosis without prodding. Students at this stage can also advocate or refute diagnostic hypotheses. An interpreter might say, “2 month old male with unrepaired VSD now with a 2 day history of shortness of breath and poor feeding, and an exam significant for respiratory rate of 60, diffuse pulmonary crackles and liver down 3 cm below the costal margin, CXR remarkable for cardiomegaly and diffuse bilateral pulmonary opacification; therefore the pt most likely has congestive heart failure with fluid overload.” An OHSU student who is consistently at the level of “interpreter” would receive a clinical grade of “Near Honors.”

Manager: A student at the “manager” level can not only report and interpret the clinical data, he/she has the knowledge, confidence and judgment to decide on a course of treatment. This level requires higher-level interpersonal skills and involvement in patient care. A manager might say, “2 month old male with unrepaired VSD now with a 2 day history of shortness of breath and poor feeding, and an exam significant for respiratory rate of 60, diffuse pulmonary crackles and liver down 3 cm below the costal margin, CXR remarkable for cardiomegaly and diffuse bilateral pulmonary opacification; therefore the pt most likely has congestive heart failure with fluid overload. I propose we give lasix 1 mg/kg IV x 1 now.” An OHSU student who is consistently functioning at the level of “manager” would receive the clinical grade of “Honors.”

Educator: To be an educator, the trainee must be able to go beyond the basics of reporting, interpreting and managing the patient’s clinical care. An “educator” is a self-directed learner, someone who defines questions to research and searches the literature for evidence on which clinical practice can be based. An “educator” then shares this information with others. This is a senior resident- or attending-level skill. However, students and residents at all levels should strive to be educators.