Evaluation Form

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medhub

Clinical Assessment of Medical Student - Core (V10) [attendings]

Evaluator: _____

Evaluation of: _____

Date: _____

Thank you for your help evaluating our student. For the student listed above, please answer the following questions. If you feel you have not had enough time with the student in order to evaluate them, please click the "Insufficient Contact to Evaluate" link above. If you have questions about this form, please contact IMMedHub@ohsu.edu.

Course directors can use any assessment data from this form in MSPE (formally known as Dean's Letter).

Have you ever provided healthcare to this student? Are you a relative or current OASIS Academic Advisor to this student?

☐ No
☐ Yes

****Per OHSU SoM policy, you will not be able to assess this student if you respond yes
to this question.***

Comments

Please use the spaces below to provide comments about the student's overall performance.

Please provide an overall evaluation of student's performance including but not limited to the following activities, provide a ddx, perform H & Ps, deliver oral and written presentations and handovers, enter orders, interpret tests, participate in shared decision making, and work in interprofessional teams. *

_____
_____
_____
_____
_____

Next steps for growth *

_____
_____
_____
_____
_____

Competency Assessment

Please indicate the student's performance for each of the competencies listed below.

	Early Learner		Mid-level learner		Adva… learner	Not obser…
ICS1: Communicate with patients, families, and the public from various socioeconomic and cultural background*	☐ Only asks questions from	☐ Able to adapt basic interview	☐ Uses medical interview to	☐ Uses the interview to	☐ Authentically connects with patients	☐

basic interview templates Unable to identify how best to use considerate, non-biased communication with patients of different cultural or socioeconomic backgrounds	template slightly to fit the patient situation Does not adjust approach based on patient's unique physical, cultural, socioeconomic or situational needs Is uncomfortable asking personal questions of patients	establish rapport and focus on information exchange tailored to a patient's or family's primary concerns Identifies physical, cultural, psychological and social barriers to communication but has difficulty managing them Sometimes able to use non-judgmental or non-biased questioning scripts in response to sensitive situations	effectively establish therapeutic rapport Tailors communication to the individual pt Mitigates physical, cultural, psychological, and social barriers in most situations Verbal and non-verbal communication skills promote trust, respect, and understanding Develops and adjusts scripts to approach most difficult communication scenarios	and families and fosters a trusting and loyal relationship Effectively educates patients, families, and the public in all communication Intuitively handles difficult communication scenarios with grace and humility	

Early Learner		Mid-level learner		Adva… learner	Not obser…

ICS 5: Access, review, and contribute to the electronic health record*

☐	☐	☐	☐	☐	☐
Documentation heavily relies on templates and does not alter template to reflect unique patient characteristics Does not fully articulate clinical reasoning Unable to identify, filter and prioritize clinical information from the medical record Uses unedited/ unattributed copy-paste techniques Often delayed submissions	Able to utilize EHR, but not entirely effectively Able to report clinical information for a routine encounter, but difficulty prioritizing key information Copy-paste is sometimes edited or attributed	Accurate documentation of patient assessment and daily care plan for the routine patient, however, may not be succinct Able to locate and interpret clinical information from the medical record for the routine encounter Copy-paste is often edited or attributed Most submission are timely	Trends and key features well highlighted Able to prioritize pertinent information Copy-paste is appropriately edited, attributed and updated or the specific patient encounter Timely and succinct submission of documentation Student is able to enter and pend routine orders	Thorough documentation of clinical reasoning and patient care plans for more complex patients Able to prioritize information and interpret trends in EHR data to inform management plans	

Early Learner		Mid-level learner		Adva… learner	Not obser…

MK 2: Apply medical knowledge in patient care.*

☐	☐	☐	☐	☐	☐
Recall of appropriate foundational information related to patient care is absent	Recalls some of appropriate foundational information related to patient care Lacks knowledge depth needed to correctly apply principles in patient care for common diseases	Recalls most of appropriate foundational information related to patient care Able to apply principles to common diseases but not typical variant states in patient care	Recalls all of appropriate foundational information related to patient care Able to apply principles to common diseases and typical variant states in patient care	Recalls all of appropriate foundational information related to patient care Able to apply principles to common and uncommon diseases and multiple variant states in patient care	

Early Learner		Mid-level learner		Adva… learner	Not obser…

PBLI 1: Pursuit of lifelong-learning skills and ability to elicit and incorporate feedback on clinical performance*

☐	☐	☐	☐	☐	☐
Does not demonstrate self-reflection and awareness of their own knowledge and performance Rejects / argues or ignores formative feedback	Demonstrates superficial and limited self-reflection and awareness of their own knowledge and performance Cannot identify strategies for improvement without prompting or guidance Does not proactively seek feedback, though demonstrates inconsistent / sporadic improvement to formative feedback	Demonstrates self-reflection and awareness of their own knowledge and performance most of the time Basic ability to identify strategies for improvement Proactively seeks formative feedback and demonstrates slow / inconsistent response to this feedback	Demonstrates consistent self-reflection and awareness of their own knowledge and performance Independently sets and implements learning and improvement goals Demonstrates a consistent and rapid response to feedback	Actively reflects on own knowledge and performance Independently sets and implements advanced learning and improvement goals Demonstrates self-regulation Actively engages in self-directed learning Incorporates formative feedback into learning and improvement goals	

Early Learner		Mid-level learner		Adva… learner	Not obser…

PCP 1: Gather patient-related information and communicate patient-related information*

☐	☐	☐	☐	☐	☐
Data collection incomplete, inaccurate or irrelevant to diagnosis for routine pts Communication of pt information is disorganized/ incomplete/ unfiltered for routine pts	Data collection mostly complete including pertinent +/- for some routine pts Communication of pt information is mostly organized/ complete/ succinct for some routine pts	Data collection mostly complete including pertinent +/- for routine pts but incomplete for complex pts Communication of pt information is mostly organized/ complete/ succinct for routine pts but disorganized/ incomplete/ unfiltered for complex pts	Data collection complete, efficiently filtered for some complex pts Communication of pt information is mostly organized/ complete/ succinct for some complex pts	Data collection complete, efficiently filtered for the majority of complex pts Communication of pt information is mostly organized/ complete/ succinct for the majority complex pts	

PCP 2: Interpret and process data and findings*

Early Learner		Mid-level learner		Adva… learner	Not obser…
☐	☐	☐	☐	☐	☐
Unable to interpret collected data and clinical findings for routine presentation of common diseases	Interpret collected data and clinical findings for some routine presentation of most common diseases	Interpret collected data and clinical findings for routine presentation of most common diseases but not for complex or atypical presentations	Interpret collected data and clinical findings for some atypical presentations of common diseases and some complex diseases	Interpret collected data and clinical findings for most atypical presentations of common diseases and some complex diseases	

PCP 3: Clinical reasoning for identifying patient care needs and informed decision about diagnostic/therapeutic interventions*

Early Learner		Mid-level learner		Adva… learner	Not obser…
☐	☐	☐	☐	☐	☐
Unable to accurately identify patient problems based on clinical data	Able to identify common patient problems based on clinical data Can	Able to identify common patient problems Generates a clear, prioritized differential	Able to prioritize most problems Consistently Identifies treatment approaches for common	Re-prioritize problem lists based on evolving data Prioritized differential	

Cannot identify possible diagnoses Unable to identify any appropriate treatment approaches for common/urgent conditions Doesn't provide supporting evidence for any treatments	identify possible diagnoses but no clear rationale stated Rarely identifies treatment approaches for common/urgent conditions Provide supporting evidence for some treatments	diagnosis list with rationale from clinical data for some of active medical problems Occasionally identifies treatment approaches for common/ urgent conditions Provide supporting evidence from reliable sources for most treatments	conditions Provide supporting evidence from reliable sources and tailors to individual pt treatment	diagnosis supported by primary literature and comparing/contrasting discriminating diagnostic features Consistently identifies treatment approaches for common and uncommon conditions Interpret primary literature and tailors to individual pt treatment Able to anticipate and create rational contingency plan

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	Early Learner		Mid-level learner		Adva… learner	Not obser…
SBPIC 3: Accountability to patients, society, and profession*	☐	☐	☐	☐	☐	☐
	Is unable to follow through on patient care tasks Does not complete documentation in a timely fashion Consistently late for duties Unannounced or unexcused absences	Is inconsistent when following through with patient care tasks or needs prompt to complete them Documentation sometimes late Sometimes on time for clinical and educational duties	Generally completes patient care tasks with minimal reminders Notes and patient care activities usually completed on time Usually on time for clinical and educational duties	Comprehensively completes academic and patient care responsibilities in a timely manner Minimal prompts Always on time for clinical and educational duties	Independently takes advances patient care Does not require prompters for tasks Able to identify deficiencies or errors and develops improvement plan Always punctual for duties	

Early Learner		Mid-level learner		Adva… learner	Not obser…

SBPIC 4: Work with other health professionals*

☐	☐	☐	☐	☐	☐
Demonstrates condescending or dismissive behaviors when working with other healthcare team members Has difficulty using respectful language when working with non-physician members of the healthcare team or ignores their input Has difficulty demonstrating honesty and integrity on the healthcare team	Inconsistently values other health care team members and their roles on the team Acknowledges but does not incorporate other team member's input into patient care Inconsistently demonstrates integrity and honesty on the healthcare team	Generally values other healthcare team members and roles Incorporates but does not solicit other team member's input Usually demonstrates integrity and honesty on the healthcare team	Consistently values all health care team members and their roles on the team. Infrequently needs prompts to solicit and incorporate team input. Consistently demonstrates integrity and honesty on the healthcare team	Actively engages with all team members to foster a climate of mutual respect and trust. Independently seeks out, values and incorporates other team member's input into patient care. Role models integrity and honesty on the healthcare team	

Pre-Repor…	Repor…	Interp…	Mana…

10. Please give a holistic assessment of this student's development towards the end of your time working with them (for example if you worked a 2-week block, focus more heavily on the end result than the start, or if you worked with them during weeks 1 and 3, focus on week 3).*

☐	☐	☐	☐
-- Data gathered from chart, interview, exam and/or collateral sources is incomplete or not reproducible -- Reportage of data deviates from an organized script, and is significantly over-inclusive with inadequate understanding of	-- Can accurately and reliably gather clinical information for each of their patients -- Can communicate (both verbally and in writing) that information in an organized and structured way -- Largely able to distinguish important	-- Able to identify and prioritize problems -- Able to create a problem representation (summary statement) that demonstrates an understanding of the 'key features' of the clinical presentation -- Able to convey a differential	-- Should be rare in earlier learners; you may see this in a more advanced student towards the end of their required rotations -- Able to develop and defend a differential diagnosis with minimal

relevance of data to the case at hand	from irrelevant information and are able to focus the presentation on central issues -- Expectation is that students should be functioning as Reporters making forays into Interpreters by the end of the clinical experience	diagnosis with arguments in support of their hypotheses	assistance from the team, for each of the central problems -- Able to utilize clinical judgement to decide when an action should be taken -- Can analyze the risk/benefit balance of specific diagnostic and therapeutic interventions in a patient-centered way, understands when it is time to deviate from algorithmic practice

Professionalism

How many IM-HAPEE rubrics did you grade for this student?*	☐ 0	☐ 1	☐ 2 or more	☐ N/A (Legacy)

	Profe… conce…	No profes… conce…	Excep… profes…
Please select one: **Note:** Professionalism concerns include but are not limited to: tardiness, unprepared, late submissions, dishonesty, disrespectful behavior to patients, families, or healthcare professionals, disregard to patient privacy, inadequate understanding of own limitations, insensitivity to diversity, etc.*	☐	☐	☐

Please comment specifically on the student's professionalism behaviors. Be as specific as possible to provide meaningful feedback. Professionalism

_____

_____

behaviors include: ability to interact respectfully with interprofessional team members, patients and family members; communicates honestly and directly with peers, faculty and team members; is thorough and dependable in completing tasks; appropriately seeks help when needed *