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.

ICS1: Communicate with patients, families, and the public from various socioeconomic and cultural background*
<table>
<thead>
<tr>
<th>Basic Interview Templates</th>
<th>Template Slightly to Fit the Patient Situation</th>
<th>Establish Rapport and Focus on Information Exchange Tailored to a Patient's or Family's Primary Concerns</th>
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<td>Unable to Identify How Best to Use Considerate, Non-Biased Communication with Patients of Different Cultural or Socioeconomic Backgrounds</td>
<td>Does Not Adjust Approach Based on Patient's Unique Physical, Cultural, Psychological, and Social Barriers to Communication but Has Difficulty Managing Them</td>
<td>Identifies Physical, Cultural, Psychological, and Social Barriers to Communication and Fosters a Trusting and Loyal Relationship with Patients, Families, and the Public in All Communication Scenarios Intuitively Handles Difficult Communication Scenarios</td>
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**Early Learner**

**Mid-level Learner**

**Advanced Learner**

**Not Observed**
ICS 5: Access, review, and contribute to the electronic health record

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<th>Early Learner</th>
<th>Mid-level learner</th>
<th>Advan... learner</th>
<th>Not obser...</th>
</tr>
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</table>

- **Documentally** 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.

- Able to report clinical information for the routine patient, however, may not be succinct.
- Copy-paste is often edited or attributed.

**Trends and key features** well highlighted.

- Able to prioritize pertinent information.
- Copy-paste is appropriately edited, attributed and updated or the specific patient encounter.

**Thorough documentation of** clinical reasoning and patient care plans.

- Able to prioritize information and interpret trends in EHR data to inform management plans.
- Student is able to enter and pend routine orders.
- Most submission are timely.

**Thorough** documentation of clinical reasoning and patient care plans for more complex patients.

- Timely and succinct submission of documentation.
**MK 2: Apply medical knowledge in patient care.**

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<th>Mid-level learner</th>
<th>Advancement learner</th>
<th>Not observed</th>
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<tr>
<td>Does not demonstrate self-reflection and awareness of their own knowledge and performance</td>
<td>Demonstrates superficial and limited self-reflection and awareness of their own knowledge and performance</td>
<td>Demonstrates consistent self-reflection and awareness of their own knowledge and performance</td>
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<tr>
<td>Rejects / argues or ignores formative feedback</td>
<td>Cannot identify strategies for improvement without prompting or guidance</td>
<td>Successfully identifies strategies for improvement and demonstrates a consistent and rapid response to feedback</td>
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</tr>
<tr>
<td></td>
<td>Does not proactively seek feedback, though demonstrates inconsistent / sporadic improvement to formative feedback</td>
<td>Propactively seeks formative feedback and demonstrates slow / inconsistent response to this feedback</td>
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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/unfiltered for routine pts

- Data collection mostly complete including pertinent +/ for some 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

PCP 2: Interpret and process data and findings*

- 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 and some complex diseases

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

- Unable to accurately identify patient problems based on clinical data
- Able to identify common patient problems based on clinical data
- Able to prioritize most problems
- Re-prioritize problem lists based on evolving data

- Able to prioritize most problems consistently
- Identifies treatment approaches for common

- Generates a clear, prioritized differential
- Able to prioritize most problems
- Re-prioritize problem lists based on evolving data

- Prioritized differential
<table>
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<tr>
<th>Diagnosis and Treatment</th>
<th>Evidence</th>
<th>Conditions</th>
<th>Diagnosis Supported by Literature</th>
<th>SBPIC 3: Accountability to patients, society, and profession</th>
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<td>Cannot identify possible diagnoses.</td>
<td>Unable to identify any appropriate treatment approaches for common/urgent conditions.</td>
<td>Diagnosis list with rationale from clinical data for some of active medical problems.</td>
<td>Consistently identifies treatment approaches for common and uncommon conditions.</td>
<td>Takes advances patient care responsibilities.</td>
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<tr>
<td>Identify possible diagnoses but no clear rationale stated.</td>
<td>Rarely identifies treatment approaches for common/urgent conditions.</td>
<td>Occasionally identifies treatment approaches for common/urgent conditions.</td>
<td>Interpret primary literature and tailors to individual pt treatment.</td>
<td>Does not require prompters for tasks.</td>
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<td>Diagnosis supported by primary literature and comparing/contrasting discriminating diagnostic features.</td>
<td>Rarely identifies treatment approaches for common/urgent conditions.</td>
<td>Provide supporting evidence for common/urgent conditions.</td>
<td>Able to anticipate and create rational contingency plan.</td>
<td>Always punctual for duties.</td>
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<td>Diagnosis supported by primary literature and comparing/contrasting discriminating diagnostic features.</td>
<td>Consistently identifies treatment approaches for common and uncommon conditions.</td>
<td>Provide supporting evidence for common/urgent conditions.</td>
<td>Always punctual for duties.</td>
<td>Always on time for clinical and educational duties.</td>
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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.
- Generally completes patient care tasks with minimal reminders.
- Notes and patient care activities usually completed on time.
- Minimal prompts.
- Always on time for clinical and educational duties.
- Comprehensively completes academic and patient care responsibilities in a timely manner.
- Takes advances patient care responsibilities.
- Able to anticipate and create rational contingency plan.
- Always on time for clinical and educational duties.
- Never late for duties.
- Generally completes patient care tasks with minimal reminders.
- Notes and patient care activities usually completed on time.
- Minimal prompts.
- Always on time for clinical and educational duties.
- Comprehensively completes academic and patient care responsibilities in a timely manner.
- Takes advances patient care responsibilities.
- Able to anticipate and create rational contingency plan.
- Always on time for clinical and educational duties.
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

* - 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

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).*

- 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 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

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

diagnosis with arguments in support of their hypotheses

Professionalism

How many IM-HAPEE rubrics did you grade for this student?*

☐ 0  ☐ 1  ☐ 2 or more  ☐ N/A (Legacy)

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.*