

## PERFORMANCE form (used by attending/residents/other healthcare professionals): Effective Summer 1 2025

Thank you for your help evaluating our student. For the student listed above, please answer the following questions.

Course directors can use any assessment data from this form in the Medical Student Performance Evaluation (formerly known as the Dean's Letter).

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

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

No	Yes
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### Comments

Please use the space below to provide an overall evaluation of the 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.

Please use the space below to comment on next steps for growth.

### Competency Assessment

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

**PCP1 Gather information through history-taking and physical/mental status examination on patients.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Gathers information in a structured manner, often following a template without fully tailoring questions to the patient's specific complaint.</p> <p>Developing skills to filter/prioritize and connect pieces of information.</p> <p>Performs fundamental elements of the Physical/Mental Status exam, but not able to routinely recognize abnormal findings.</p>	<p>Gathers all needed information based on a patient's chief complaint, able to filter information into pertinent positives and negatives.</p> <p>Able to perform a complete physical exam and recognize abnormal findings.</p> <p>Developing skills to recognize and carry out specific exam maneuvers to elicit pertinent data related to chief complaint.</p>	<p>Gathers all needed information related to routine complaints and filters appropriately, able to demonstrate clinical reasoning through targeted hypothesis driven questioning.</p> <p>Correctly performs physical exam maneuvers tailored to a patient's developmental stage, able to interpret abnormal findings.</p> <p>Tailors the physical exam to the clinical context, addressing hypotheses related to the clinical question without being overly inclusive.</p>		

**PCP2 Construct prioritized differential diagnosis based on interpretation of available clinical data.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Presents clinical facts (e.g., history, physical exam findings, labs, imaging, consults) sequentially as elicited, with limited reorganization or integration.</p> <p>When prompted, able to identify at least one potential diagnosis for an active medical problem based on initial interpretation data.</p> <p>Demonstrates an emerging ability to recognize abnormal findings in lab results or imaging but lacks depth in interpretation or clinical application.</p>	<p>Independently generates an initial differential diagnosis for active medical problems, though list may be broad, unprioritized, or missing key elements.</p> <p>Begins to integrate ancillary data (labs, imaging, medical tests) into reasoning, using patient-specific factors with basic accuracy and limited justification.</p> <p>Shows a developing ability to identify key findings in ancillary data and applies these insights to refine the differential, though prioritization and focus remain inconsistent.</p>	<p>Independently constructs a prioritized differential diagnosis for common presenting issues including “can't miss” diagnoses, effectively integrating relevant clinical data.</p> <p>Accurately interprets ancillary data for common conditions, incorporating patient-specific reasoning to create a well-organized differential, with or without prompting.</p> <p>Prioritizes diagnoses based on available data for routine cases, demonstrating readiness to handle common clinical presentations, though may still need support for interpreting more complex or rare presentations.</p>		

**PCP3 Develop and implement a personalized management plan for the patient.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above 3	Not Observed
	<p>Begins to develop management plans but may require support to tailor them to individual patients.</p> <p>May require prompting to reliably implement the plans.</p>	<p>Contributes to the creation of general management plans for some active medical problems, with independent generation of some diagnostic and/or therapeutic management strategies.</p> <p>When prompted, able to connect management options to patient-specific differential diagnoses with some clinical justification.</p> <p>Reliably implements some aspects of management plan without prompting.</p>	<p>Independently develops patient-specific management plans for common medical problems, with diagnostic and therapeutic considerations based directly on patient-specific differential diagnoses and individualized social determinants of health.</p> <p>Able to efficiently locate and apply relevant evidence and guidelines to management strategies.</p> <p>Reliably implements management plans.</p>		

**MK1 Demonstrate foundational knowledge in basic science.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above 3	Not Observed
	Understands and recalls foundational basic science principles but may need guidance connecting them to specific clinical scenarios.	Demonstrates a developing ability to apply basic science principles to guide care of common medical conditions.	Synthesize, integrates, and applies basic science principles to develop a comprehensive understanding of common medical conditions.		

**MK2 Demonstrate foundational knowledge in clinical science.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	Understands and recalls foundational concepts in clinical sciences, though application to clinical decision making may be limited.	Begins to apply clinical science knowledge to assist with preliminary clinical decisions for common conditions.	Consistently applies clinical science principles to make clinical decisions, adapting to variations in common medical presentations.		

**MK3 Demonstrate foundational knowledge in health systems science.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Understands and recalls basic health system science principles, such as common health risk factors and foundational prevention concepts, value-based care, and others, with some guidance.</p> <p>Identifies general resources and tools related to health promotion and prevention.</p>	<p>Begins to apply health system science principles to inform clinical decision making for some common conditions.</p> <p>Has basic understanding of healthcare system structure.</p>	<p>Able to locate and apply health system science principles to inform clinical decision making for common conditions.</p> <p>Understands how healthcare system structure and resources affect the diagnosis and delivery of treatment of common illnesses and the promotion of population health.</p>		

**SBP1 Engage in the quality improvement process related to patient safety and system issues.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Identifies patient safety issues in individual cases without recognizing broader system-level factors.</p> <p>Demonstrates limited understanding of systemic or cost-related influences on errors.</p>	<p>Begins connecting individual errors to broader system-level factors.</p> <p>Participates in discussions about safety issues, suggesting potential areas for improvement with guidance.</p> <p>Shows growing awareness of systemic patterns but relies on support to analyze and address them.</p>	<p>Identifies common system-level factors that impact patient safety.</p> <p>Demonstrates basic understanding of steps involved in quality improvement projects and systemic influences.</p> <p>Applies simple patient safety principles with guidance, focusing on straightforward issues.</p>		

**PBL1 Demonstrate behaviors that support lifelong learning and professional growth such as incorporating self-assessment and feedback.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Primarily relies on external prompts or requirements to self-reflect to set learning goals.</p> <p>Occasionally asks for feedback and shows limited integration of feedback into practice.</p>	<p>Engages in self-reflection to set straightforward learning goals.</p> <p>Actively seeks feedback and integrates it into practice, showing noticeable improvement over time.</p>	<p>Primarily relies on self-reflection and internal prompts to set realistic learning goals and identify learning opportunities.</p> <p>Proactively and consistently seeks feedback and effectively integrates into practice.</p>		



**PBLI2 Locate, critically appraise, and synthesize new information to support evidence-informed and patient-centered clinical decisions.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Requires assistance to refine clinical questions and locate specific and relevant literature or data.</p> <p>Often accepts data without fully assessing its validity or applicability.</p> <p>Requires guidance to integrate new information into clinical practice.</p>	<p>Searches for information across various sources, occasionally requiring guidance to identify the best source or high-quality evidence.</p> <p>Appraises evidence, but may overlook key limitations or biases.</p> <p>Synthesizes evidence for clinical decisions, needing occasional support to ensure patient-centered application.</p>	<p>Efficiently locates relevant and reliable information, though may not always tailor searches to complex clinical scenarios.</p> <p>Critically appraises evidence with a grasp of study limitations, relevance, and applicability for common clinical scenarios.</p> <p>Effectively synthesizes and applies evidence in clinical decision-making for common medical scenarios.</p>		

**PBLI 3 Engage in scholarly inquiry and disseminate findings using ethical principles.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Formulates basic research questions and identifies some relevant literature but requires support to refine questions into focused queries and to recognize gaps in the existing research.</p> <p>Recognizes foundational ethical principles in research and scholarly communication. Shows a readiness to apply them in real-world contexts with guidance.</p> <p>Shares scientific information with basic clarity, but often requires guidance to ensure accuracy and relevance in communication.</p>	<p>Identifies relevant literature, reviews it to highlight research gaps, and develops investigable research questions with guidance.</p> <p>With mentored guidance, develops a feasible project plan that adheres to ethical standards and actively participates in project tasks.</p> <p>Communicates scientific information with growing clarity and accuracy, contributing to academic discussions and refining explanations with feedback as needed.</p>	<p>Completes a mentored scholarly project, applying ethical and appropriate research methods.</p> <p>Clearly communicates the project’s rationale, methods, and results, incorporating feedback for refinement as needed.</p> <p>Disseminates research findings with guidance.</p>		

**ICS1 Communicate effectively with patients and families.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Utilizes undefined medical jargon.</p> <p>Makes recommendations that promote unilateral decision-making; confirms understanding with teach-back when prompted.</p> <p>Developing active listening skills; recognizes or responds to expressions of emotion with prompting.</p>	<p>Recognizes and avoids or defines most obvious forms of jargon.</p> <p>Attempts to adjust communication to achieve some element of shared decision-making; occasionally confirms understanding with teach-back without prompting.</p> <p>Occasionally demonstrates empathic active listening, and ability to acknowledge and respond to expressions of emotion in real time.</p>	<p>Recognizes and avoids or defines most obvious forms of jargon and some less obvious forms.</p> <p>Communicates recommendations in a way that promotes shared decision making; regularly confirms understanding using open-ended questions and teach-back, ensuring responsibility for clarity rests on the provider.</p> <p>Regularly demonstrates empathic active listening, and ability to acknowledge and respond to expressions of emotions in real time.</p>		

**ICS2 Communicate effectively with physicians and physicians-in-training.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Communication of clinical information may be unstructured and/or contain frequent factual or organizational errors.</p> <p>Tailors informational content or structure to match the needs of the audience or situation when prompted; identifies goals for communicating with others with guidance.</p> <p>Still developing discernment skills for matching appropriate communication tool (e.g., telephone, pager, electronic health record) to common clinical situations.</p>	<p>Communicates clinical information using a structured template with occasional factual or organizational errors.</p> <p>Often tailors informational content and structure to match the needs of the audience or situation; identifies goals for communicating with others in most common situations.</p> <p>Discerns appropriate communication tool (e.g., telephone, pager, electronic health record) to match most common situations.</p>	<p>Communicates clinical information efficiently using structured templates with rare factual or organizational errors.</p> <p>Effectively tailors informational content and structure to the needs of the audience or situation; identifies goals for communicating with others in most common and uncommon situations.</p> <p>Discerns appropriate communication tool (e.g., telephone, pager, electronic health record) to match most common and uncommon situations.</p>		

**ICS3 Collaborate effectively with non-physician health professionals as a part of the healthcare team to coordinate patient care.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Attitudes and behaviors of the learner suggest a limited awareness of the collaborative nature of healthcare.</p> <p>Undervalues contribution of non-physician teammates and infrequently communicates with non-physicians without prompting.</p>	<p>Understands own role in medical team, and learning how to collaborate and communicate with other members of the interprofessional team.</p> <p>Attitudes and behaviors of learner demonstrates emerging respect for the scope and input of practitioners from other specialties and professions, with increasing efforts to incorporate their recommendations into patient care.</p>	<p>Understands and values the role of each member of interprofessional team, and recognizes that all care team members are essential in providing comprehensive team-based patient care.</p> <p>Attitudes and behaviors of learner demonstrates respect for all interprofessional team members.</p> <p>Communicates bidirectionally, actively seeks and incorporates others' input to care planning.</p>		

**ICS4 Communicate a patient handover to transition responsibility of care**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Handoff is disorganized, incomplete, or includes extraneous information. Requires guidance to prioritize information. Action plans or anticipatory guidance are generally absent or incomplete.</p> <p>May not allow opportunity for clarifications and questions from the handoff recipient.</p>	<p>Handoffs are more organized but often contain extraneous information. Information is prioritized with minimal prompting. Action plans or anticipatory guidance may be included, with guidance.</p> <p>Occasionally allows opportunity for clarifications and questions from the handoff recipient.</p>	<p>Standardizes handoff organization. Includes information that is patient-specific, relevant and prioritized. Occasionally includes anticipatory action plans.</p> <p>Allows opportunity for clarifications and questions from the handoff recipient.</p>		

**ICS5 Access, review, and contribute to the electronic health record and other technologies.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Demonstrates a foundational understanding of appropriate use of EHR and healthcare technology but underutilizes advanced functions like search and outside records.</p> <p>Overutilizes functions like copy/paste and templates when documenting clinical encounters.</p> <p>Inconsistently applies ethical principles, including privacy and HIPAA, when using the EHR.</p>	<p>Demonstrates an understanding of the appropriate use of EHR and healthcare technology, including advanced functions, but occasionally requires support to fully utilize the system or identify its limitations.</p> <p>Occasionally needs support to use functions like copy/paste and templates effectively.</p> <p>Consistently applies ethical principles, including privacy and HIPAA, when using the EHR for most common clinical scenarios.</p>	<p>Demonstrates an understanding of the appropriate use of EHR and healthcare technology with consistent use of advanced functions like search, trending data, and outside records.</p> <p>Consistently uses functions like copy/paste and templates effectively.</p> <p>Consistently applies ethical principles, including privacy and HIPAA, when using the EHR for both common and more complex scenarios.</p>		

**PPPD1 Identify and address the negative effects of structural and social determinants of health for patients with diverse needs.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Primarily relies on external prompting (ex: social history template or faculty guidance) to elicit or consider the socioeconomic context of patients.</p> <p>Demonstrates basic awareness of diverse patient needs but this may be generalized rather than patient-specific.</p>	<p>Developing the ability to identify patient-specific barriers to care (ex: related to language, literacy, transportation, mobility, housing, addiction, trauma history, systemic cultural/gender/racial bias, health system navigation or access, health policy limitations).</p> <p>Primarily relies on external prompting to address structural and social determinants of health.</p>	<p>Identifies negative structural and social determinants of health in a patient-specific manner, with less prompting.</p> <p>Begins to address the negative effects of structural and social determinants of health (ex: conferring with case management or social work; using plain language communication for patients with various levels of health literacy; using a qualified interpreter; troubleshooting structural barriers such as transportation or finances with patients; addressing interpersonal bias; advocacy work).</p>		



**PPPD2 Demonstrate behaviors that are reflective of professional values of truthfulness, timeliness, accountability, and follow-through.**

Not Yet Level 1	Milestone Level 1	Milestone Level 2	Milestone Level 3	Above Level 3	Not Observed
	<p>Demonstrates occasional lapses in professional conduct, especially under conditions of stress or fatigue; may not recognize lapses.</p> <p>Completes assignments and documentation, though often delayed, incomplete, or needing frequent reminders; attendance at required events is inconsistent.</p> <p>Shows interest in learning medicine but remains primarily in an observational role, with limited engagement in professional responsibilities.</p>	<p>Demonstrates respect and truthfulness, with awareness of personal triggers, though may have rare lapses in high-pressure situations; recognizes and addresses lapses, but may require prompting.</p> <p>Completes documentation and assignments on time, attends required events reliably but may occasionally need a reminder.</p> <p>Shows a growing sense of professional duty by actively engaging in responsibilities, starting to embody the role of a medical professional, with occasional reminders on behavior.</p>	<p>Consistently demonstrates truthfulness, respect, and professionalism, earning the trust of patients and colleagues, even under stress; recognizes and addresses any lapses without prompting.</p> <p>Completes all documentation and assignments on time without reminders, attends required events reliably and follows through on team responsibilities.</p> <p>Fully embraces the professional role, actively engaging in responsibilities with a strong sense of duty and accountability.</p>		

Comment field will appear when 'Not Yet Level 1' or 'Above Level 3' is selected at the end of the competency assessment section of the form.

Please include at least one specific detail to support your assessment of "Not Yet Level 1."

Please include at least one specific detail to support your assessment of "Above Level 3."

## Professionalism

Select one.

Professionalism Concern	No Professionalism Concern
Student demonstrated lapses in professional behaviors (e.g., tardiness, unpreparedness, late submissions, dishonesty, disrespectful communication, privacy breaches).	Student consistently met expected professional standards, including punctuality, preparedness, timely documentation, respectful communication, and accountability.

Comments (Required):

Please include at least one specific detail to support your assessment.