

Student Performance Evaluation
Required Clinical Rotation - Course/Clerkship Director 2

Student Level	MS3			
Course Information				
Date	Course	Location	Weeks	Credits
09/26/2011 - 10/21/2011	SORC-SORC8010S999: Sorcery Sorcery Clerkship	Drexel University College of Medicine	6	6
Competency-based evaluation of students on required clerkships				
Evaluation Period: 09/26/2011 - 10/21/2011				
Evaluator: Summary, Evaluation				
Student: Potter, Harry Email: harry.potter@drexel.edu				

Glossary
Rarely: < 10%

Frequently: 65-90%

Consistently: > 90% of time

1. Method of Evaluation:
(if Consensus Conference or Composite is checked, please list the names of the faculty and residents who contributed to this evaluation)
 Individual Consensus Conference **Composite**

Please evaluate each item listed below. Brief descriptions of items are included. Check the box that most closely matches your estimation of the student's performance. Assessment of items should be *specific to the course/clerkship and appropriate to the student's level of training*, including the time of year and the student's rotation sequence. Comments are required for any item marked "Below Expected" or "Unacceptable". Comments are encouraged for all other categories.

I. PATIENT CARE
(Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training)
2. I-A. HISTORY TAKING
 Unacceptable: *Consistently* incomplete and disorganized

 Below Expected: *Frequently* incomplete and/or disorganized for uncomplicated patients

 Meets Expectations: **Complete and organized for uncomplicated patients**
 Exceeds Expectations: *Frequently* complete and organized by system for *both complicated and uncomplicated* patients

 Far Exceeds Expectations: *Consistently* complete and organized for both *complicated and uncomplicated* patients

 Not Applicable
 Not Observed
3. I-B. PATIENT EXAM
 Unacceptable: *Consistently* incomplete and/or inaccurate

 Below Expected: *Frequently* incomplete and/or inaccurate

 Meets Expectations: **Performs *basic* physical exam correctly, and identifies *basic* abnormal findings. Physical exam is *relevant* to patient's illness.**
 Exceeds Expectations: Performs a *comprehensive and appropriately focused* exam and *frequently* identifies and interprets abnormal findings

 Far Exceeds Expectations: *Consistently* identifies and interprets normal and abnormal findings

Not Applicable

Not Observed

4. I-C. DEVELOPMENT OF A SOUND MANAGEMENT PLAN

Unacceptable: *Cannot* develop a *basic* management plan, *even with guidance*

Below Expected: *Requires more than expected guidance* to develop a *basic* management plan

Meets Expectations: **Formulates a *basic* management plan for common conditions/illnesses**

Exceeds Expectations: Formulates a *comprehensive* management plan for common *and sometimes complex* conditions/illnesses

Far Exceeds Expectations: *Consistently* formulates a *comprehensive and appropriate* management plan for *both common and complex* conditions/illnesses

Not Applicable

Not Observed

II. MEDICAL KNOWLEDGE

(Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training)

5. II-A. DEMONSTRATES BASIC KNOWLEDGE OF STRUCTURE AND FUNCTION IN THE CONTEXT OF HEALTH AND DISEASE

Unacceptable: Does not demonstrate comprehension of *basic* medical principles with respect to the course's goals and objectives

Below Expected: Shows comprehension of *basic* medical principles with respect to the course's goals and objectives but *does not apply them* to patient problems

Meets Expectations: **Shows comprehension of *basic* medical principles with respect to the course's goals and objectives and *applies them* to patient problems**

Exceeds Expectations: Shows comprehension of *basic and advanced* medical principles with respect to the course's goals and objectives and consistently *applies them* to patient problems

Far Exceeds Expectations: Shows comprehension of *basic and advanced* medical principles with respect to the course's goals and objectives and applies them to even the *most complex patient problems*

Not Applicable

Not Observed

6. II-B. IDENTIFIES SOCIAL, ECONOMIC, PSYCHOLOGICAL, AND CULTURAL FACTORS THAT CONTRIBUTE TO HEALTH AND DISEASE

Unacceptable: *Consistently overlooks* one or more of these factors

Below Expectations: *Frequently overlooks* one or more of these factors

Meets Expectations: **Incorporates *basic* aspects of these factors**

Exceeds Expectations: Incorporates *basic* aspects of these factors and *applies them to the plan of care*

Far Exceeds Expectations: Incorporates *detailed* aspects of these factors and *applies them to the plan of care*

Not Applicable

Not Observed

7. II-C. USES CLINICAL REASONING TO INTERPRET DATA (History, Physical Exam, Diagnostic tests, etc) AND DEVELOP A DIFFERENTIAL DIAGNOSIS

Unacceptable: *Does not* synthesize data to generate a *basic* differential diagnosis

Below Expectations: *Has difficulty* synthesizing data and/or generating a *basic* differential diagnosis

Meets Expectations: **Synthesizes data to develop a *basic* differential diagnosis**

Exceeds Expectations: Synthesizes data to develop a *prioritized and appropriate* differential diagnosis

Far Exceeds Expectations: Synthesizes *basic and complex data* to develop a *prioritized and appropriate* differential diagnosis

Not Applicable

Not Observed

8. II-D. PERFORM COMMON TECHNICAL PROCEDURES ACCURATELY AND SAFELY

Yes

No

Not Applicable

Not Observed

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

(Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training)

9. III-A. IDENTIFIES STRENGTHS & WEAKNESSES IN KNOWLEDGE & SKILLS and DEMONSTRATES THE ABILITY TO RESPOND TO CONSTRUCTIVE FEEDBACK

- Unacceptable:** *Does not* self-assess and *does not* respond to constructive feedback
- Below Expectations:** *Limited* insight into strengths & weaknesses *and/or is resistant* to constructive feedback
- Meets Expectations:** **Frequently identifies gaps in knowledge/skills and responds to constructive feedback**
- Exceeds Expectations:** *Frequently identifies* gaps in knowledge/skills and *works effectively* to make improvements, both *on one's own as well as in response to* constructive feedback
- Far Exceeds Expectations:** *Consistently identifies* gaps in knowledge/skills and *works effectively* to make improvements, both *on one's own as well as in response to* constructive feedback
- Not Applicable**
- Not Observed**

10. III-B. SEEKS OPPORTUNITIES FOR SELF-DIRECTED LEARNING, INCLUDING EVIDENCE-BASED PRACTICE

- Unacceptable:** *Does not* read independently or seek new knowledge
- Below Expectations:** *Rarely* accesses appropriate resources (i.e. literature, websites, videos) to enhance knowledge base
- Meets Expectations:** **Shows evidence of independent or supplemental reading to enhance the knowledge base and can search the literature to answer clinical questions**
- Exceeds Expectations:** *Frequently can assess and interpret* the literature and *begins to* apply it to patient care
- Far Exceeds Expectations:** *Consistently incorporates* evidence-based practice into the care of patients
- Not Applicable**
- Not Observed**

IV. INTERPERSONAL AND COMMUNICATION SKILLS

(Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training)

11. IV-A. COMMUNICATES EFFECTIVELY WITH PATIENTS AND FAMILIES ACROSS A BROAD RANGE OF CULTURAL BACKGROUNDS

- Unacceptable:** *Does not* establish rapport, use appropriate language, avoid jargon, and/or convey empathy
- Below Expectations:** *Has difficulty* establishing rapport, using appropriate language, avoiding jargon, and conveying empathy
- Meets Expectations:** **Frequently establishes rapport, uses appropriate language, avoids jargon, and conveys empathy**
- Exceeds Expectations:** *Consistently* establishes rapport, uses appropriate language, avoids jargon, and conveys empathy
- Far Exceeds Expectations:** *Consistently* establishes rapport, uses appropriate language, avoids jargon, and conveys empathy, *even with challenging patients and families*
- Not Applicable**
- Not Observed**

12. IV-B COMMUNICATES WELL WITH ALL MEMBERS OF THE HEALTHCARE TEAM

- Unacceptable:** *Does not* communicate effectively with all members of the health care team
- Below Expectations:** *Has difficulty* communicating with members of the healthcare team
- Meets Expectations:** **Communicates effectively and respectfully with all members of the health care team**
- Exceeds Expectations:** Communicates effectively and respectfully with all members of the health care team. *Frequently takes initiative to exchange information* with all members of the team, including nursing and other ancillary staff
- Far Exceeds Expectations:** Communicates effectively and respectfully with all members of the health care team. *Consistently takes initiative to exchange information* with all members of the team, including nursing and other ancillary staff
- Not Applicable**
- Not Observed**

13. IV-C. WRITTEN DOCUMENTATION (INCLUDING ADMISSION NOTES, PROGRESS NOTES, PROCEDURE NOTES, OUTPATIENT NOTES, ETC) IS THOROUGH, ORGANIZED, AND ACCURATE

- Unacceptable:** Incomplete and/or inaccurate
- Below Expectations:** *Occasionally* late, incomplete, disorganized and/or inaccurate for uncomplicated patients. Uses excessive abbreviations
- Meets Expectations:** **Complete, organized, timely, and accurate for uncomplicated patients**
- Exceeds Expectations:** *Frequently* complete, organized, timely, and accurate for both *complicated and uncomplicated* patients
- Far Exceeds Expectations:** *Consistently* complete, organized, timely, and accurate for *both complicated and uncomplicated* patients
- Not Applicable**
- Not Observed**

14. IV-D. ORAL PRESENTATION OF THE PATIENT

- Unacceptable:** Disorganized and/or inaccurate
- Below Expectations:** Has difficulty reporting basic information. Does not communicate basic thought processes

X Meets Expectations: Presents in an organized, clear, and accurate manner. Communicates basic thought processes in formulation of differential and/or management plan

O Exceeds Expectations: Organized, clear, accurate, *concise, and focused when appropriate. Frequently reports pertinent positives and negatives and communicates advanced thought processes* in formulation of differential and/or management plan

O Far Exceeds Expectations: Organized, clear, accurate, concise, and focused when appropriate. *Consistently* reports pertinent pos. and neg. and *demonstrates advanced thought processes* in formulation of differential and/or mgmt plan

O Not Applicable

O Not Observed

V. PROFESSIONALISM

(Any answer of NO in this section requires comments)

15. V-A. DEMONSTRATES HONESTY AND INTEGRITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

X Yes

O No (if no, must explain)

O Not Applicable

16. V-B. MAINTAINS PATIENT CONFIDENTIALITY

X Yes

O No (if no, must explain)

O Not Applicable

17. V-C. DEMONSTRATES PROFESSIONAL IMAGE IN BEHAVIOR AND DRESS

X Yes

O No (if no, must explain)

O Not Applicable

18. V-D. DEMONSTRATES RELIABILITY AND RESPONSIBILITY IN ALL INTERACTIONS WITH PATIENTS, FAMILIES, COLLEAGUES, AND OTHER PROFESSIONAL CONTACTS

O Unacceptable: Cannot be relied on

O Below Expectations: *Needs reminders* in fulfillment of responsibilities. Appears to be too peripheral to engage in team activities and patient care. *Late or absent* for required activities

O Meets Expectations: *Can regularly be relied on* to fulfill responsibilities as member of team. *Functions well* within team structure. *Punctual and present* for all required activities, completes assignments in timely fashion

X Exceeds Expectations: **Actively involved in patient care and team activities and completes all assigned tasks in dependable fashion. Makes meaningful contributions to health care delivery as an integral member of the team**

O Far Exceeds Expectations: *Exceptionally conscientious and dependable* in team activities and pt care responsibilities. Makes extra efforts to be integral team member; *assumes high level of pt care resp. Highly valued* as team member

O Not Applicable

VI. SYSTEMS-BASED PRACTICE

(Assessment of items should be specific to the course/clerkship and appropriate to the student's level of training)

19. VI-A. KNOWS HOW TO COORDINATE PATIENT CARE INCLUDING INPATIENT, OUTPATIENT, AND COMMUNITY RESOURCES

X Yes: Understands discharge planning, patient education, and/or the use of community and ancillary health resources

O No: Does not understand the discharge process and is unaware of community and ancillary services available to improve patient care

O Not Applicable

O Not Observed

SCORES

20. Overall Clinical Score:

3.076923076923077

21. NBME Subject (Shelf) Exam Score:

68

22. Passing Score (NBME Subject Exam):

62

23. Departmental Written Exam/Project Score:
(e.g., Surgery Departmental Written Exam, Family Medicine Biopsychosocial Project, etc.)
N/A

24. Passing Score (Departmental Written Exam/Project):
N/A

25. Oral Exam:
 Unacceptable Below Expected Meets Expectations Exceeds Expectations Far Exceeds Expectations N/A

MID-ROTATION FEEDBACK

26. Formative feedback during rotation

Yes No

27. Date formative feedback was given:
8/18/2011

STRENGTHS & WEAKNESSES

(Use prompts under the above competencies to enhance your comments; support statements with examples of clinical behavior)

28.

STRENGTHS AND WEAKNESSES OF THE STUDENT:

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29.

SUMMARY COMMENTS (may be used in Dean's Letter):

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Final Course Grade

HS

Last modified (signed off) at 08/18/2011 11:27:16 AM by Dumbledore, Albus on behalf of Summary, Evaluation.