3rd Year Clinical Grade Appeal Form

Student Name	Drexel email
Clerkship	
Rotation Location	
Date of Rotation	
Date Grade Posted*	
(This is noted on DOCSS and is generally 1 day prior to	o receipt of email from DOCSS)
Date of Appeal	

Please use the competencies listed on this form to indicate the areas in which you believe you were not accurately assessed on your final evaluation in this clerkship. Please use specific examples demonstrating your level of performance during this rotation. Your performance in other rotations will not be considered in any appeal. In addition, please list the evaluators from the rotation that you worked with, level of training and the approximate amount of time spent with each evaluator.

Please note that once an appeal is received there will be an investigation on your behalf by the Drexel Clerkship Director. This process will take some time. The Clerkship Director should have a response to you within 45 days of receiving this appeal. Do not contact any of your evaluators or the Site Director directly as this may compromise the process.

Patient Care

History Taking

0	0	0	0
Incomplete, inaccurate and/ or disorganized	Gathers a limited and accurate history	Gathers a complete and accurate history	Targeted and appropriate history, including pertinent positives and negatives, and is exceptionally well-organized
Comments:			
Physical/Mental Exam	0	0	O
Incomplete or inaccurate	Performs limited and accurate exams	Performs complete and accurate exams, focused when appropriate	Performs complete and accurate exams, including subtle findings and advanced techniques
Comments:	•	•	

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Medical Knowledge

Clinical Reasoning and Development of Differential Diagnosis

0	0	0	
Unable to reach a logical	Recognizes key data and	Recognizes key data,	Synthesizes key data, generate
assessment or develop a	generates a basic differential	generates and prioritizes a	and prioritizes in order of
differential diagnosis	diagnosis	differential diagnosis	likelihood, and justifies
angres errerar aragneere		any eremen aragmeere	differential diagnosis
			anjjerentiar aragnosis
omments:			
Janagement Plan			
Nanagement Plan			
0	0	0	O
O Unable to develop a logical	Formulates a plan of care	Formulates an	Formulates an accurate and
0	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care,
O Unable to develop a logical	Formulates a plan of care	Formulates an	Formulates an accurate and
O Unable to develop a logical	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care,
O Unable to develop a logical	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based
O Unable to develop a logical plan of care	Formulates a plan of care that requires modifications	Formulates an appropriate plan of care,	Formulates an accurate and comprehensive plan of care, applying evidence-based

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Interpersonal and Communication Skills

Oral Presentation

0	0	0	0
Poorly organized, missing	Requires prompting and	Contains most relevant	Clear and exceptionally well-
key information, and/or	clarification but usually	information and is easy to	organized with pertinent
lacking attention to detail	accurate	follow	information presented concisely
comments:			
Written Documentation			
O	O	O Complete and well	O
O Poorly organized and has	Important information	Complete and well-	Concise with exceptional
0	Important information included; content brief or		
O Poorly organized and has	Important information	Complete and well-	Concise with exceptional
O Poorly organized and has	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional
O Poorly organized and has major omissions	Important information included; content brief or	Complete and well-	Concise with exceptional

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Interpersonal and Communication Skills cont.

Communication: Patients/Families

with patients and families, or gives incorrect information, or is not attuned to patient needs Communication: Healthcare A coring manner with patients and families from all backgrounds and caring manner using language and non-verbal behaviors, considering health literacy and patient values Communication: Healthcare Communication with Requires guidance to Has positive and effective And caring manner using language and non-verbal behaviors, considering health literacy and patient values And caring manner, provide exceptional education and fosters shared decision making Tool of the patient values And caring manner using language and non-verbal behaviors, considering health literacy and patient values Tool of the patient values And caring manner using language and non-verbal behaviors, considering health fosters shared decision making Tool of the patient values Tool of the p	0	0	0	0
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neffective with healthcare team healthcare team and staff; or educate the healthcare respectful, mature, and collaborative		-		
respectful, mature, and team collaborative				takes initiative to inform and/
collaborative	ineffective	with healthcare team		or educate the healthcare
			respectful, mature, and	team
omments:			collaborative	
	omments:			

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Professionalism - Accountability

0	0	0	0
Repetitive tardiness,	Occasional tardiness or	Punctual and reliable to	Punctual and reliable, willingly
unapproved absence, or	incomplete follow through on	complete all required clinical	assumes responsibility and
does not follow through on	assigned responsibilities	responsibilities	takes initiative independently
responsibilities			
Comments:			

Additional Information

lame (PGY)	Role	Time Spent
neral Comments:		

Please submit the completed form to the Drexel University College of Medicine Clerkship Director.