

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 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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Incomplete, inaccurate and/or disorganized</i>	<i>Gathers a limited and accurate history</i>	<i>Gathers a complete and accurate history</i>	<i>Targeted and appropriate history, including pertinent positives and negatives, and is exceptionally well-organized</i>

Comments:

Physical/Mental Exam

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Incomplete or inaccurate</i>	<i>Performs limited and accurate exams</i>	<i>Performs complete and accurate exams, focused when appropriate</i>	<i>Performs complete and accurate exams, including subtle findings and advanced techniques</i>

Comments:

Medical Knowledge

Clinical Reasoning and Development of Differential Diagnosis

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Unable to reach a logical assessment or develop a differential diagnosis</i>	<i>Recognizes key data and generates a basic differential diagnosis</i>	<i>Recognizes key data, generates and prioritizes a differential diagnosis</i>	<i>Synthesizes key data, generates and prioritizes in order of likelihood, and justifies differential diagnosis</i>

Comments:

Management Plan

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Unable to develop a logical plan of care</i>	<i>Formulates a plan of care that requires modifications and/or more detail</i>	<i>Formulates an appropriate plan of care, with minimal revisions</i>	<i>Formulates an accurate and comprehensive plan of care, applying evidence-based medicine when appropriate</i>

Comments:

Interpersonal and Communication Skills

Oral Presentation

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Poorly organized, missing key information, and/or lacking attention to detail</i>	<i>Requires prompting and clarification but usually accurate</i>	<i>Contains most relevant information and is easy to follow</i>	<i>Clear and exceptionally well-organized with pertinent information presented concisely</i>

Comments:

Written Documentation

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Poorly organized and has major omissions</i>	<i>Important information included; content brief or overly inclusive</i>	<i>Complete and well-organized</i>	<i>Concise with exceptional clarity and organization</i>

Comments:

Interpersonal and Communication Skills cont.

Communication: Patients/Families

○	○	○	○
<i>Unable to develop rapport with patients and families, or gives incorrect information, or is not attuned to patient needs</i>	<i>Communicates in an effective and caring manner with patients and families from all backgrounds</i>	<i>Communicates in an effective and caring manner using language and non-verbal behaviors, considering health literacy and patient values</i>	<i>Communicates in an effective and caring manner, providing exceptional education and fosters shared decision making</i>

Comments:

Communication: Healthcare Team

○	○	○	○
<i>Communication with healthcare team members is ineffective</i>	<i>Requires guidance to communicate appropriately with healthcare team</i>	<i>Has positive and effective communications with healthcare team and staff; respectful, mature, and collaborative</i>	<i>Exceptional communication, takes initiative to inform and/or educate the healthcare team</i>

Comments:

Professionalism - Accountability

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Repetitive tardiness, unapproved absence, or does not follow through on responsibilities</i>	<i>Occasional tardiness or incomplete follow through on assigned responsibilities</i>	<i>Punctual and reliable to complete all required clinical responsibilities</i>	<i>Punctual and reliable, willingly assumes responsibility and takes initiative independently</i>

Comments:

Additional Information

Evaluators: Please list ALL Residents (indicate year in training) and Attendings you worked with during the rotation and the approximate amount of time spent with each (1/2 day, days, week, etc).

Name (PGY)	Role	Time Spent
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General Comments:

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