

Drexel 4th Year Away Rotation Evaluation

Student Name: _____ Drexel Student ID: _____ Rotation Dates: _____

Course Name: _____ Course Number: _____ Location: _____

Evaluator Name: _____ Evaluator Email: _____

Method of Evaluation Individual Consensus Conference* Composite*

*If "Consensus Conference" or "Composite" is selected, please list the names of the faculty and residents who contributed to this evaluation:

Names: _____

Mid-Rotation Feedback Formative feedback was given during the rotation Yes No Date Given: _____

INSTRUCTIONS: Please evaluate each item listed below. Check the box that most closely matches your estimation of the student's performance. Assessment of items should be specific to the course and appropriate to the student's level of training. Comments are encouraged.

Medical Knowledge

| | | | |
|--|--|---|--|
| <i>Unable to demonstrate basic knowledge of normal structure, development, and function of organ systems and the body as a whole in the context of health and disease.</i> | <i>Demonstrate basic knowledge of normal structure, development, and function of organ systems and develops a prioritized differential diagnosis</i> | <i>Demonstrates advanced knowledge of pathology in organ systems as it applies to clinical management</i> | <i>Independently researches evidence-based medicine principles and applies to patient care</i> |
|--|--|---|--|

Clinical Reasoning and Development of Differential Diagnosis

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|---|---|--|---|
| <i>Unable to recognize key data or develop a differential diagnosis</i> | <i>Recognizes key data and generates a basic differential diagnosis</i> | <i>Synthesizes key data and uses it to generate a prioritized differential diagnosis for low complexity patients</i> | <i>Synthesizes key data and uses it to generate a prioritized differential diagnosis for high complexity patients</i> |
|---|---|--|---|

Management Plan

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|---|--|---|---|
| <i>Unable to develop a logical plan of care</i> | <i>Formulates a plan of care that that requires modifications and/or more detail</i> | <i>Formulates a detailed plan of care for low complexity patients</i> | <i>Formulates a detailed plan of care for high complexity patients incorporating evidence-based medicine when appropriate</i> |
|---|--|---|---|

Oral Presentation

| | | | |
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| <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> |
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Written Documentation

| | | | |
|---|--|------------------------------------|--|
| <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> |
|---|--|------------------------------------|--|

Systems Based Practice (Discharge/Follow up planning)

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| <i>Frequently unaware of discharge/follow up requirements and does not consider need for additional services</i> | <i>Uses effective communication skills to educate patients and families, including medication reconciliation and counseling them to modify health risk behaviors</i> | <i>Demonstrates the ability to access and communicate available inpatient/office ancillary resources beneficial in caring for patients</i> | <i>Demonstrates understanding of discharge requirements, patient education, inpatient/office ancillary resources, and community supports</i> |
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Communication: Patients/Families

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|---|---|---|---|
| <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> |
|---|---|---|---|

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> |
|--|--|--|---|

Professionalism - Accountability

| | | | |
|---|---|--|--|
| <i>Repetitive tardiness, unapproved absence, and/or does not follow through on responsibilities</i> | <i>Occasional tardiness or incomplete follow through on assigned responsibilities</i> | <i>Punctual and accountable to complete responsibilities</i> | <i>Punctual, reliable, willingly assumes responsibility and takes initiative independently</i> |
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Professional Demeanor: *Demonstrates professional behavior and image.* Yes No Not Assessed

Honesty/Integrity: *Demonstrates honesty and integrity in all interactions with patients, families, colleagues, and other professional contacts* Yes No Not Assessed

Cultural Competency/Holistic Evaluation: *Interacts with patients and families demonstrating an understanding and appreciation of diversity and cultural differences (e.g., age, ethnicity, gender, religion, sexual orientation, education, SES) as it informs patient decision making.* Yes No Not Assessed

Self-Directed Learning: *Shows commitment to personal growth by identifying gaps between ideal and actual performance and establishing goals for improvement.* Yes No Not Assessed

Critical Care: *The student is able to recognize a critically ill patient and seek an appropriate increased level of care.* Yes No Not Assessed

Response to Feedback: *Demonstrates openness and insight to performance feedback and incorporates recommendations into future performance.* Yes No Not Assessed

Technical Procedures: *Performs common technical procedures accurately and safely.* Yes No Not Assessed

Summary Comments: (used verbatim in Dean's Letter) _____

Areas for Improvement: _____

Graduation Competencies: I AM I AM NOT familiar with the Graduation Competencies and specific educational objectives of the course/clerkship.

Sensitive Health Services: I HAVE NOT I HAVE provided psychiatric/psychological counseling or other sensitive health services to this student

Final Grade *2-week select only S or U Honors Highly Satisfactory Satisfactory* Marginally Unsatisfactory Unsatisfactory*

Print name of individual completing this evaluation: _____ Signature: _____ Date Completed: _____