

Clerkship Formative Feedback Form

Student Name _____

Evaluator Name _____

Approximate contact time (circle one)

- 1 weeks
- 2 weeks
- 3 weeks
- 4 weeks

1. Respectfulness (select one descriptor that best fits student's behavior)
 - Always respectful
 - Usually respectful
 - Area of concern
2. Dependability (select one descriptor that best fits student's behavior)
 - Needed frequent checking up on
 - Requires prompting but follows through
 - Takes initiative and follows through
3. Helpfulness (select one descriptor that best fits student's behavior)
 - Hindered my daily work
 - Helpful when asked
 - Actively looked for ways to help
4. Motivation
 - Disengaged, did not fully take advantage of opportunities to learn internal medicine
 - Motivated, displayed interest
 - Actively strove for excellence in all aspects or performance (does not mean student achieved excellence in all areas)
 - Area of concern
5. Patient advocacy
 - Did not observe student advocate for patients
 - Student seemed interested in advocating for patients but had trouble identifying how to do this
 - Student tended to rely on others to advocate for his/her patients
 - Student consistently advocated for his/her patients as opportunities arose
 - Student was an exceptional patient advocate (briefly describe an example_____)

Comment required to select this response

6. Altruism
 - Routinely places patient interest above own self-interest
 - Minor lapses in putting self-interest above patients' interest
 - Tends to put self-interest above patients' interest
 - Student had opportunity to display exceptional altruism (briefly describe_____)-
description required in order to select this response

History skills- my assessment is based on the following: (check all that apply)

- direct observation of student obtaining history
- reading patient write-up
- reading progress notes
- presentation on rounds
- discussion outside of rounds

7. History gathering

1	2	3	4	5	6	7	8	9
misses key things			misses details			Complete (includes data from outside records and family members as needed)		

8. History presentation

1	2	3	4	5	6	7	8	9
trouble organizing story of HPI			HPI basically organized but doesn't always include pertinent other parts of the history			HPI well-organized and included relevant parts of the PMH, FMH, SHX, and ROS as appropriate		

Physical examination skills- my assessment is based on the following: (check all that apply)

- Direct observation of a complete physical exam
 - one time
 - 2 or more times

If no drop down option then can change to:

Direct observation of a complete PE once

Direct observation of a complete PE more than once

Can make similar change to item below

- Direct observation of a focused physical exam
 - 3-5 times
 - >5 times
- Correlation of student's report with my own findings
- Listening to and/or reading student's report of physical exam
- Cannot assess

9. Physical examination technique

1	2	3	4	5	6	7	8	9
Does not consistently use proper technique for basic PE			Always uses proper technique for basic PE			Uses special PE maneuvers when applicable		

10. Physical examination interpretation

1	2	3	4	5	6	7	8	9
Uncertain about normal findings			Usually recognizes significant abnormalities			Recognizes significant abnormalities and sometimes picks up subtle findings and recognizes significant changes in PE day to day		

11. Physical examination relevance

1	2	3	4	5	6	7	8	9
Performs same basic exam regardless of patient complaint			Able to focus exam based on patients' problems			Anticipates/researches abnormalities to look for based on patients' problems		

12. Ancillary data interpretation (labs, radiographs, ECG)

1	2	3	4	5	6	7	8	9
Has trouble distinguishing normal from abnormal			Recognizes major abnormalities			Recognizes significance of normal and abnormal findings in the clinical context		

13. Documentation (Check one best descriptor per line)

- Legible
- Timely
- Diagnoses and plans clear
- Too concise
- Illegible
- Not timely
- Diagnoses and plans unclear
- Concise with enough details
- overly detailed
- length impairs effectiveness

14. Oral presentations (Check one best descriptor per line)

- organized
- clear, confident
- concise
- complete
- disorganized
- hesitant, lacks confidence
- overly detailed
- incomplete

15. Fund of medical knowledge

1	2	3	4	5	6	7	8	9
Below expected 3 rd year level			At 3 rd year level			Above 3 rd year level (on par with subinterns or interns)		

16. Problem representation

- relies on others to summarize data into a representation of the major problem(s), summary statement only loosely related to the case
- able to summarize key data and generate a working diagnosis for most common, uncomplicated medical problems
- able to summarize key data and generate a working diagnosis(es) for patients with more complex medical problems or multiple interrelated problems

17. Hypothesis generation

- Has trouble generating differential diagnoses
- Generates differential diagnoses but in random order without a sense of prioritization
- Has trouble linking differential diagnoses to clinical findings/overemphasizes far-fetch diagnoses
- Generates differentials that are linked logically to clinical findings

18. Interpersonal skills: patients

1	2	3	4	5	6	7	8	9
Has trouble establishing patient rapport			Establishes good rapport with most patients			Outstanding patient rapport, patients tend to view student as their doctor		

19. Interpersonal skills: team

1	2	3	4	5	6	7	8	9
Hinders positive team dynamic			Integrates well into team			Valuable team member who enhances team dynamics		

20. Self-directed learning (check all that apply)

- Student read about patients
- When asked to read on a topic, student does not always follow through
- When asked, student prepares educational talks for team
- Student initiates looking up questions that arise in the course of patient care
- Student initiates giving educational talks/sharing articles with team
- Student looks up articles when appropriate in addition to textbook reading
- It was unclear whether student was reading about patients
- Student sought opportunities to teach
- Student tried to critically appraise the literature when questions arose

21. Feedback (check single best descriptor)

- Student did not seek feedback from me
- Student did not initiate feedback but responded well when it was offered
- Student sought feedback but had trouble applying it
- Student sought and applied feedback well
- Student did not respond well to feedback

22. Problem management (select single best descriptor)

- Relies on team for management decisions
- Shows evidence of initiating a management plan
- Proposes reasonable management suggestions
- Proposes management suggestions that often do not make medical sense
- Initiates reasonable management suggestions that try to incorporate patient preferences

23. I would welcome the opportunity to work with this student again

Definitely

Not sure

Definitely *not*, why? _____

24. I would gladly allow this student to be involved in the care of my own family

Definitely

Not sure

Definitely *not*, why? _____

25. Please give one specific suggestion of a “next step” the student can take to improve their clinical skills (or attitude if applicable)_____

26. Were there any deficits in this student’s knowledge, skills, or attitude that are of a concern for this level of training?

- No
- Yes, please describe_____

27. In what ways did this student particularly excel?_____

Additional comments_____