

## SUMMATIVE EVALUATION FOR REQUIRED MEDICINE

(PLEASE DO NOT CIRCLE ON THE LINE)

Student: \_\_\_\_\_ Class of: \_\_\_\_\_ Rotation: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Contact Time (weeks): 4 Date: \_\_\_\_\_

**Circle the box which best describes this student's typical performance for appropriate competencies.**

### 1. Professionalism

<ul style="list-style-type: none"> <li>• Tendency to put self-interest above that of the patient.</li> <li>• Has some difficulty recognizing limitations, tendency towards arrogance.</li> <li>• Lacks accountability, tends to make excuses, sometimes has difficulty accepting constructive feedback.</li> <li>• Disrespectful to any member of healthcare team and/or patients.</li> <li>• Does not consistently strive for excellence, sometimes cuts corners.</li> </ul>	<ul style="list-style-type: none"> <li>• Puts patient interests above self-interest.</li> <li>• Recognizes limitations in knowledge/skills and asks for help.</li> <li>• Accepts feedback well but may not actively seek it.</li> <li>• Accepts accountability for actions by admitting mistakes.</li> <li>• Never disrespectful toward patient or team members.</li> <li>• Generally strives for excellence though standards not consistently high.</li> </ul>	<ul style="list-style-type: none"> <li>• Dedication to patient care goes beyond carrying out expected duties.</li> <li>• Good ability at self-assessment.</li> <li>• Actively seeks feedback.</li> <li>• Readily admits mistakes or deficits and tried to correct them.</li> <li>• Makes an active effort to treat everyone with respect and courtesy, avoids conversations by others that may be disrespectful to patients or staff.</li> <li>• Has high standards and strives for excellence.</li> </ul>	<ul style="list-style-type: none"> <li>• Insightful in identifying strengths and weaknesses and actively seeks feedback.</li> <li>• Professional demeanor (respect, courtesy, honesty, integrity) is a role model for other students and team members.</li> <li>• Routinely goes above and beyond for patients, their families, and members of the health care team, even when post-call or near a big exam.</li> <li>• Has very high professional standards and always strives for excellence even in difficult situations (e.g. post-call).</li> </ul>
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Comments: \_\_\_\_\_

### 2 A. Patient Care: History

<ul style="list-style-type: none"> <li>• Often unable to obtain a complete history due to insufficient or inaccurate information.</li> <li>• Has trouble organizing the history.</li> <li>• Makes too many assumptions and/or relies too heavily on the histories of others.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to perform complete histories on uncomplicated cases.</li> <li>• Complicated cases at times disorganized and/or redundant.</li> <li>• Sometimes has trouble identifying pertinent ROS questions.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently obtains complete histories, only missing less critical information.</li> <li>• Only has trouble with the most medically complicated patients or patients who are very difficult.</li> <li>• Makes a consistent effort to fill in details of the PMH (e.g. last ECHO on a patient w/CHF).</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently complete, well organized histories even on complicated patients.</li> <li>• Only misses historical information that would require expertise beyond that of a good medical student.</li> <li>• Obtains pertinent information from the medical record.</li> </ul>
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Comments: \_\_\_\_\_

### 2 B. Patient Care: Physical Examination

<ul style="list-style-type: none"> <li>• Does not consistently demonstrate proper technique when performing the core aspects of the physical examination.</li> <li>• Cannot consistently focus PE to address in the context of the patient's illness.</li> <li>• Sometimes overlooks obvious abnormal findings (abnormal vital signs, diffuse wheezes, loud murmurs).</li> <li>• Tends to adopt bad habits (listening through clothes, avoiding rectal exams).</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently uses proper technique when performing the core physical exam.</li> <li>• Confidently identifies normal exams but may lack confidence in skills to identify abnormalities.</li> <li>• Tends to rely on housestaff or studies (ECHO, CTs) to confirm abnormal findings.</li> <li>• Sometimes has trouble focusing on the pertinent parts of the exam for daily rounds.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently uses proper technique and identifies major abnormalities and pertinent normal findings.</li> <li>• Observant and sometimes identifies subtle abnormalities or unusual findings (e.g. soft murmurs, abdominal bruits, oral ulcer).</li> <li>• Consistently able to focus the exam when indicated.</li> <li>• Tries to go beyond simple description and identifying the finding (e.g. "II/VI holosystolic apical murmur radiating to the back c/w MR" rather than "systolic flow murmur").</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently performs comprehensive PE using proper technique and appropriately focuses exams as needed.</li> <li>• Identifies subtle or more difficult findings (e.g. diastolic murmurs, mild-moderate splenomegaly, fingernail findings); very observant.</li> <li>• Tries to incorporate more advanced techniques (not taught in EPC) into the exam.</li> <li>• Often the first team member to identify changes in the exam.</li> </ul>
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Comments: \_\_\_\_\_

### 2 C. Patient Care: Information Management-recording and presenting data gathered from history and physical exam

<ul style="list-style-type: none"> <li>• Notes sometimes illegible, incomplete, and/or contain inaccurate data.</li> <li>• Presentations frequently disorganized and can hinder the flow of rounds.</li> <li>• Difficulty discerning the amount of detail needed in different types of presentations (new patient vs. follow-up).</li> </ul>	<ul style="list-style-type: none"> <li>• Notes legible, accurate, and miss only minor details.</li> <li>• Presentations generally organized though hesitant and unsure of how much to present at times.</li> <li>• Rarely misses important information but tends to err on the side of being "too complete", lacks consistent conciseness.</li> </ul>	<ul style="list-style-type: none"> <li>• Notes usually can stand on their own with little need for addendums.</li> <li>• Presentations organized, sometimes misses minor points, but are generally helpful on rounds.</li> <li>• Able to balance appropriate detail with conciseness on straightforward patients but may have trouble with complicated patients.</li> </ul>	<ul style="list-style-type: none"> <li>• Notes complete and organized</li> <li>• Presentations smooth, well organized, and help contribute to efficient rounds.</li> <li>• Able to discern important details while staying concise even on complicated patients.</li> </ul>
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Comments: \_\_\_\_\_

**3. Medical Knowledge: Encompasses fund of knowledge AND ability to interpret and synthesize data into an assessment and plan.**

<ul style="list-style-type: none"> <li>• Fund of knowledge below that expected for a student at this level of training.</li> <li>• Difficulty consistently developing a basic differential diagnosis for common disease presentations.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund of knowledge adequate to address common clinical presentations (e.g. chest pain, mental status changes, fever).</li> <li>• Able to generate a basic differential diagnosis for common medical presentations.</li> <li>• Usually able to identify the most important clinical issues, sometimes has trouble seeing the forest for the trees.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund of knowledge includes information on less common medicine presentations.</li> <li>• Able to integrate history, physical findings, and lab data to generate a good differential and working diagnosis (assessment) for most basic clinical presentations but may have trouble integrating information on complicated patients.</li> <li>• Able to prioritize clinical problems appropriately, usually able to see the forest for the trees.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund of knowledge includes unusual or rare clinical presentations and diagnoses.</li> <li>• Consistently complete and thoughtful differentials.</li> <li>• Able to integrate history, physical findings, and lab data to generate a good differential and working diagnosis even on complicated patients.</li> <li>• Constructively contributes to diagnostic and treatment plans.</li> <li>• Tries to show discernment when recommending tests.</li> </ul>
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Comments:

**4. Practice-Based Learning: Encompasses self-assessment; reading, critical appraisal, and use of information technology to enhance clinical skills/patient care; recognizing errors and learning from mistakes.**

<ul style="list-style-type: none"> <li>• Reading is inconsistent or too superficial.</li> <li>• Ability to use information technology sometimes a source of concern.</li> <li>• Has trouble critically appraising new information or applying EBM skills.</li> <li>• Slow to learn from mistakes, tends to repeat them.</li> </ul>	<ul style="list-style-type: none"> <li>• Reads about patients' problems and tries to apply what is learned.</li> <li>• Able to use basic information technology.</li> <li>• Makes reasonable efforts to critically appraise new information and apply EBM to patient care.</li> <li>• Learns from mistakes but sometimes has trouble recognizing errors.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently reads and applies it to patient care.</li> <li>• Reading sources more varied and in-depth; uses information technology efficiently.</li> <li>• Tries to critically appraise new information and share it with the team (e.g. brings in articles).</li> <li>• Recognizes errors and rarely repeats mistakes.</li> </ul>	<ul style="list-style-type: none"> <li>• Reads extensively and often from the most current sources.</li> <li>• Offers to research questions that come up on rounds and disseminates this information to the team (beyond leaving an article on the table).</li> <li>• Critical appraisal and EBM skills are above average for a student at this level.</li> </ul>
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Comments:

**5. Interpersonal and Communication Skills:**

<ul style="list-style-type: none"> <li>• Sometimes has difficulty establishing trust and rapport with patients and/or members of the health care team.</li> <li>• Sometimes has difficulty conveying empathy.</li> <li>• Often unaware of relevant cultural or psychosocial patient issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Generally establishes rapport with patients but may be hindered by overuse of medical jargon.</li> <li>• Communicates all medically necessary information to nursing or other members of the health care team.</li> <li>• Consistently tries to show empathy.</li> <li>• Identifies major cultural or psychosocial issues (e.g. Jehovah's witness or homelessness) but may not probe beyond that.</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently establishes good rapport with patients and only has trouble with the most difficult patients and/or families.</li> <li>• Effectively able to demonstrate empathy.</li> <li>• Engenders confidence.</li> <li>• Tries to delve beyond the superficial cultural and psychosocial issues to try to gain a better understanding of how these factors affect patients' health.</li> </ul>	<ul style="list-style-type: none"> <li>• Effective in establishing good rapport even with difficult patients.</li> <li>• Goes above and beyond to demonstrate empathy, engender confidence, and make sure patients' concerns are addressed.</li> <li>• Communication among team members is enhanced by this student's involvement.</li> <li>• Consistently identifies patients' cultural and/or psychosocial needs and makes the necessary provisions.</li> </ul>
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Comments:

**6. Systems-Based Practice: Encompasses collaboration with entire health care team, resource utilization, and using the "system" to optimize individual patient care.**

<ul style="list-style-type: none"> <li>• Insufficiently aware of the roles of the members of the health care team.</li> <li>• Insufficiently aware of how cost, insurance, and resource allocation practically affect patient care.</li> <li>• Has trouble functioning effectively with the team.</li> </ul>	<ul style="list-style-type: none"> <li>• Understands the basic roles of the members of the health care team but may need help in applying this to patient care.</li> <li>• Demonstrates general awareness of cost and resource allocation.</li> <li>• Reliable member of the team but may need occasional prompting.</li> </ul>	<ul style="list-style-type: none"> <li>• Appreciates the different roles of all members of the health care team and tries to apply this information to enhance patient care.</li> <li>• Helps with discharge follow-up planning.</li> <li>• Valuable member of the team who shows good initiative and enhances the effectiveness of the team.</li> </ul>	<ul style="list-style-type: none"> <li>• Actively involves all members of the health care team to enhance patient care (e.g. initiates OT consult or home safety evaluations).</li> <li>• Actively involved in discharge planning/follow-up, identifies potential barriers and uses knowledge of insurance, medication test/costs, and resources to try to optimize patient care.</li> <li>• Highly effective team member who shows consistent enthusiasm and initiative and is an integral member of the team.</li> </ul>
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