INDIVIDUAL FACULTY/RESIDENT EVALUATION OF STUDENT COMPETENCIES

Student's Name _____   Dates Covered By Report _____

Clerkship _____   Faculty Member or Resident Completing Form _____

HISTORY TAKING

[ ] 1. Has difficulty obtaining pertinent information. Interview disorganized or incomplete. Fails to recognize or pursue obvious problems.	[ ] 2. History with significant omissions or excessive unrelated detail. Often poorly focused (May "miss the forest for the trees").	[ ] 3. Adequate history taking skills; appropriate, usually logical, satisfactory. May omit and/or pursue irrelevant information. Identifies most problems	[ ] 4. Good history taking skills; appropriate, logical, and address major problems.	[ ] 5. Excellent history taking skills; thorough, yet efficient and well focused (e.g. skilled with challenging histories such as multiple medical or complex psychosocial problems).

PHYSICAL & MENTAL STATUS EXAMINATION

[ ] 1 Inadequate exam; major deficiencies in technique. Often fails to recognize findings. May disregard patient comfort.	[ ] 2. Frequently faulty technique. Exams often incomplete, disorganized or requires unreasonable time to complete. Often misses or misinterprets findings.	[ ] 3. Satisfactory technical skills. Usually shows regard for patient comfort (Could improve thoroughness and/or efficiency. Sometimes misses or misinterprets findings).	[ ] 4. Good technical skills. Accurately detects most findings. Shows regard for patient comfort.	[ ] 5. Thorough, detailed, accurate and efficient exam. Careful attention to areas relating to problems identified in history. Shows high regard for patient comfort.

COMMENTS:

RECORD KEEPING (WRITE-UPS AND PROGRESS NOTES)

[ ] 1. Inadequate write-ups (May be late, disorganized, use unacceptable format or abbreviations; illegible, illogical assessment or plans).	[ ] 2. Some omissions and inaccuracies in records. Occasionally lacks ability to organize information or analyze new data.	[ ] 3. Adequate records. Attempts to analyze problems. Documents diagnostic and therapeutic plans.	[ ] 4. Very good records. Rationale behind diagnostic and therapeutic plans well documented.	[ ] 5. Excellent records relative to clerkship expectations (e.g. timely, accurate, uses problems lists/flow sheets, analysis of diagnosis or Rx, references).

ORAL PRESENTATIONS

[ ] 1. Frequently unclear and lacking basic structure. Has difficulty providing a coherent report. Omits key information and/or includes extraneous information.	[ ] 2. Presentations incomplete, disorganized or unclear. Syntheses and rationales lacking or inadequate (often includes irrelevant information or may be overly dependent on prompts).	[ ] 3. Presentations complete (may be excessive or lacking in focus. Needs to work on brevity, synthesis or rationale).	[ ] 4. Very good presentations. Well organized and complete. May need improved focus or more appropriate detail.	[ ] 5. Excellent presentations. Clear, concise and focused. Use of written prompts at a minimum.

COMMENTS:

FUND OF KNOWLEDGE & UNDERSTANDING OF DISEASE MECHANISMS

[ ] 1. Inadequate knowledge base or understanding of disease mechanisms.	[ ] 2. Knowledge base below average; may have significant gaps.	[ ] 3. Adequate overall knowledge base. May seek new information.	[ ] 4. Very good fund of knowledge and understanding of disease mechanisms. Seeks new information and attempts to apply it.	[ ] 5. Excellent fund of knowledge and understanding of disease mechanisms. Seeks and critically appraises new information.

PROBLEM SOLVING AND CLINICAL APPLICATION

[ ] 1. Frequently unable to identify problems. Thinking process often illogical; rarely integrates data. Often fails to consider alternative explanations for findings.	[ ] 2. Identification of problems sometimes incomplete or inaccurate. May show illogical thinking and/or inconsistent integration of data.	[ ] 3. Able to develop a basic differential for common problems. Satisfactory integration of pathophysiology and clinical data. Can outline basic diagnostic and therapeutic plan, but may need prompting or direction.	[ ] 4. Good integration of history, physical/mental exam, and lab/study data in identifying and solving clinical problems.	[ ] 5. Excellent analysis and synthesis of clinical data. Ability to develop differential diagnosis and rationale for diagnostic or therapeutic plans exceeds expectations.

COMMENTS:

RELATIONSHIPS WITH PATIENTS				
[ ] 1. May appear insensitive to patients' family's feelings, needs, or wishes. May lack empathy, compassion or flexibility. Inappropriate behavior or communication with patient/family.	[ ] 2. May have difficulty establishing rapport, communicating or interacting with patients.	[ ] 3. Able to develop satisfactory rapport with most patients/families (May avoid difficulty or sensitive issues).	[ ] 4. Good communication skills. Relates well to most patients and family. Sensitive to psychosocial aspects of care.	[ ] 5. Excellent communication skills, able to put patients and family members at ease. Deals well with sensitive issues. Relates well with difficult patients.

PROFESSIONAL RELATIONSHIPS				
[ ] 1. Has difficulty working well with other team members. Often appears insensitive to needs, feelings, wishes and rights of others.	[ ] 2. Sometimes has difficulty forming relationships with or working together with members of the health care team.	[ ] 3. Relates and functions satisfactorily with members of the health care team. Adequate communication with colleagues (Could improve effort).	[ ] 4. Relates and functions well as part of the health care team. Makes an extra effort to communicate with others.	[ ] 5. Excellent communication with colleagues and other health professionals. Effective and respected member of the health care team.

COMMENTS:

ATTITUDES AND BEHAVIORS				
[ ] 1. Attendance and punctuality erratic or poor. Dress or hygiene poor. Student's commitment questionable. Has difficulty carrying responsibility. Questionable ethical behavior, including issues of patient confidentiality or respect.	[ ] 2. Does not always fulfill assigned responsibilities. Attention or involvement may be erratic. Occasional unexplained absences.	[ ] 3. Acts in professional manner. Adequately performs assigned responsibilities. Could increase initiative.	[ ] 4. Diligently fulfills responsibilities. Often volunteers. Consistently behaves in a professional manner.	[ ] 5. Extremely conscientious and reliable. Seeks and is ready for increase responsibility. Very flexible in adapting to demands of the rotation/changes/stress.

SELF-IMPROVEMENT				
[ ] 1. Unaware of or denies own inadequacies even after feedback. Difficulty making changes. Has not read require reading assignments.	[ ] 2. May lack motivation. May be resistant or defensive about suggestions for improvement. Minimal evidence of outside reading, but does enough to get by.	[ ] 3. Motivated. Accepts suggestions for improvement. Completes reading assignments. May consult supplemental material.	[ ] 4. Well motivated. Accepts feedback. Makes an effort to improve. Often does supplemental reading and seeks additional resources.	[ ] 5. Exceptionally motivated. Welcomes feedback. Able to effect changes. Extensively uses supplemental resources.

COMMENTS:

ADDITIONAL INFORMATION/COMMENTS (Please include comments that are unique to this individual student):

SIGNATURE OF FACULTY MEMBER OR RESIDENT COMPLETING FORM _____
DATE_____