Clinical Campus at Binghamton - SUNY Upstate Medical University INDIVIDUAL FACULTY / RESIDENT EVALUATION OF STUDENT COMPETENCIES

Dates Covered By Report

Student Name Clerkship PEDIATRICS

Faculty Member or Resident Completing Form HISTORY TAKING [] 1. Has difficulty obtaining [] 2. History with significant [] 3. Adequate history taking skills; [] 4. Good history taking skills; [] 5. Excellent history taking skills; thorough, yet efficient and well pertinent information. Interview omissions or excessive unrelated appropriate, usually logical, appropriate, logical, and address disorganized or incomplete. Fails to detail. Often poorly focused (May satisfactory. May omit and/or major problems. focused (e.g. skilled with challenging pursue irrelevant information. histories such as multiple medical or recognize or pursue obvious "miss the forest for the trees"). problems. Identifies most problems complex psychosocial problems). PHYSICAL & MENTAL STATUS EXAMINATION [] 4. Good technical skills. [] 1. Inadequate exam; major 2. Frequently faulty technique. 3. Satisfactory technical skills. [] 5. Thorough, detailed, accurate Exams often incomplete, Usually shows regard for patient deficiencies in technique. Often fails Accurately detects most findings. and efficient exam. Careful attention to recognize findings. May disorganized or requires comfort (Could improve Shows regard for patient comfort. to areas relating to problems identified in history. Shows high disregard patient comfort. unreasonable time to complete. thoroughness and / or efficiency. Often misses or misinterprets Sometimes misses or misinterprets regard for patient comfort. findings. findings). COMMENTS: RECORD KEEPING (WRITE-UPS AND PROGRESS NOTES) 1. Inadequate write-ups (May be 2. Some omissions and [] 3. Adequate records. Attempts 4. Very good records. Rationale [] 5. Excellent records relative to to analyze problems. Documents behind diagnostic and therapeutic late, disorganized, use unacceptable inaccuracies in records. Occasionally clerkship expectations (e.g. timely, format or abbreviations; illegible, lacks ability to organize information diagnostic and therapeutic plans. plans well documented. accurate, uses problems lists/flow sheets, analysis of diagnosis or Rx, illogical assessment or plans). or analyze new data. references). ORAL PRESENTATIONS [] 5. Excellent presentations. Clear,] 4. Very good presentations. 1. Frequently unclear and 2. Presentations incomplete, 3. Presentations complete (may lacking basic structure. Has disorganized or unclear. Syntheses be excessive or lacking in focus. Well organized and complete. May concise and focused. Use of written difficulty providing a coherent and rationales lacking or inadequate Needs to work on brevity, synthesis need improved focus or more prompts at a minimum. report. Omits key information (often includes irrelevant or rationale). appropriate detail. and/or includes extraneous information or may be overly information. dependent on prompts). COMMENTS: FUND OF KNOWLEDGE & UNDERSTANDING OF DISEASE MECHANISMS [] 1. Inadequate knowledge base or [] 2. Knowledge base below 3. Adequate overall knowledge 4. Very good fund of 5. Excellent fund of knowledge knowledge and understanding of and understanding of disease understanding of disease average; may have significant gaps. base. May seek new information. mechanisms. disease mechanisms. Seeks new mechanisms. Seeks and critically appraises new information. information and attempts to apply PROBLEM SOLVING AND CLINICAL APPLICATION 2. Identification of problems [] 5. Excellent analysis and synthesis [] 1. Frequently unable to identify 3. Able to develop a basic [] 4. Good integration of history, problems. Thinking process often sometimes incomplete or inaccurate. differential for common problems. physical/mental exam, and of clinical data. Ability to develop illogical; rarely integrates data. May show illogical thinking and/or Satisfactory integration of lab/study data in identifying and differential diagnosis and rationale for Often fails to consider alternative inconsistent integration of data. pathophysiology and clinical data. solving clinical problems. diagnostic or therapeutic plans Can outline basic diagnostic and explanations for findings. exceeds expectations. therapeutic plan, but may need prompting or direction. COMMENTS:

RELATIONSHIPS WITH PATIENTS				
[] 1. May appear insensitive to	[] 2. May have difficulty	[] 3. Able to develop satisfactory	[] 4. Good communication skills.	[] 5. Excellent communication sl
patientsÆ familyÆs feelings, needs,	establishing rapport, communicating	rapport with most patients/families	Relates well to most patients and	able to put patients and family
or wishes. May lack empathy,	or interacting with patients.	(May avoid difficulty or sensitive	family. Sensitive to psychosocial	members at ease. Deals well with
compassion or flexibility.		issues).	aspects of care.	sensitive issues. Relates well with
Inappropriate behavior or				difficult patients.
communication with patient/family.				
PROFESSIONAL RELATIONSHIPS			•	
[] 1. Has difficulty working well	[] 2. Sometimes has difficulty	[] 3. Relates and functions	[] 4. Relates and functions well as	[] 5. Excellent communication w
with other team members. Often	forming relationships with or	satisfactorily with members of the	part of the health care team. Makes	colleagues and other health
appears insensitive to needs,	working together with members of	health care team. Adequate	an extra effort to communicate with	professionals. Effective and respe
feelings, wishes and rights of others.	the health care team.	communication with colleagues	others.	member of the health care team.
		(Could improve effort).		
COMMENTS:				
ATTITUDES AND BEHAVIORS				
[] 1. Attendance and punctuality	2. Does not always fulfill	[] 3. Acts in professional manner.	[] 4. Diligently fulfills	[] 5. Extremely conscientious an
erratic or poor. Dress or hygiene	assigned responsibilities. Attention	Adequately performs assigned	responsibilities. Often volunteers.	reliable. Seeks and is ready for
poor. StudentÆs commitment	or involvement may be erratic.	responsibilities. Could increase	Consistently behaves in a	increase responsibility. Very flexi
questionable. Has difficulty carrying	Occasional unexplained absences.	initiative.	professional manner.	in adapting to demands of the
responsibility. Questionable ethical	Сесиотолии интемрацион исветнесо.		professional mariners	rotation/changes/stress.
behavior, including issues of patient				
confidentiality or respect.				
SELF-IMPROVEMENT			I	
1 1. Unaware of or denies own	[] 2. May lack motivation. May be	[] 3. Motivated. Accepts	[] 4. Well motivated. Accepts	[] 5. Exceptionally motivated.
inadequacies even after feedback.	resistant or defensive about	suggestions for improvement.	feedback. Makes an effort to	Welcomes feedback. Able to effect
Difficulty making changes. Has not	suggestions for improvement.	Completes reading assignments.	improve. Often does supplemental	changes. Extensively uses
read require reading assignments.	Minimal evidence of outside	May consult supplemental material.	reading and seeks additional	supplemental resources.
Teau require reading designments.	reading, but does enough to get by.	Trialy consum suppremental materials	resources.	Supplemental resources.
COMMENTS:	8,			
ADDITIONAL BUICDMATION / COMMENTE (Blood of Life (B				
ADDITIONAL INFORMATION/COMMENTS (Please include comments that are unique to this individual student):				
OVER ALL CLINICAL PEREC				
OVERALL CLINICAL PERFORMANCE: [] Does not meet expectations				
Note: this scale does not equate to a grade. [] Below average in some areas (see above)				
The clerkship director and/or grades [] Clearly meets expectations				
committees is/are responsible for grade [] Very good (10-20% of class)				
assignment	[] Exce	llent (top 10-20% performance)		
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		TOD: 6	D 1 000	
SIGNATURE OF FACULTY MEMBER OR RESIDENT COMPLETING FORM			Date	