

End of Rotation Assessment

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The milestones for clerkship students are arranged in columns of progressive stages of competence that best describe a student's current performance. Raters shall select a box that best represents the summary performance for that sub-competency.

- Selecting a response box in the middle of a column implies that the student has demonstrated those milestones.
- Selecting a response box on a line in between columns indicates that milestones in the preceding column have been demonstrated, as well as initial or partial demonstration of milestones in the subsequent column.
- Any individual Educational Program Objective (EPO) (detailed in the rows beneath the competency heading) **with a rating of < 2.0 indicates a significant concern**
- **Specific comments** pertaining to the assessment criteria must be included in the comments section.

Student Name: _____

Clinical Site: _____

Dates of Rotation: _____

Evaluator Name: _____

Evaluator Role _____ Resident
 _____ Attending
 _____ Site Director
 _____ Clerkship Director

Competency Areas and Educational Program Objectives	<u>Does not Meet Expectations</u> <i>Functioning below expected level of training for a clerkship student</i>	<u>Meets Expectations</u> <i>Functioning at the expected level of training for a clerkship student</i>	<u>Exceeds Expectations</u> <i>Functioning above the expected level of training for a clerkship student</i>	<u>Did Not Observe</u>
<u>Patient Care</u> Demonstrate H&P	Obtains inaccurate or incomplete history; Performs an unorganized or incomplete physical exam 1.0 <input type="radio"/>	Obtains an accurate history that includes most information; Performs an organized, complete exam 2.0 <input type="radio"/>	Obtains an accurate history that includes all information ; Performs an organized, complete exam in a timely manner 3.0 <input type="radio"/>	
<u>Explain and interpret diagnostic tests</u>	Is unable to identify or explain clinically relevant tests and/or diagnostic procedures; Incorrectly interpret <input type="radio"/> results	Identifies and explains clinically relevant tests and/or diagnostic procedures; Correctly interprets <input type="radio"/> results	Also suggests additional tests, and explains relevance to patient care <input type="radio"/>	
<u>Create a management plan</u>	Develops a non-patient centered management plan <input type="radio"/>	Develops a patient-centered management plan <input type="radio"/>	Also explains the rationale ; <input type="radio"/>	
<u>Collaborate with team members</u>	Works in isolation , only collaborates when requested <input type="radio"/>	Effectively communicates and collaborates with team members <input type="radio"/>	Also provides coordinated care centered on individual patient <input type="radio"/> needs	
<u>Communication</u> Document and present patient information	Provides inaccurate and unorganized presentation of findings, written notes are unclear <input type="radio"/>	Provides accurate and organized presentation of findings, written notes are clear <input type="radio"/>	Also, presentation of findings are succinct and notes have limited errors ; <input type="radio"/>	
<u>Encourage health /wellness, create ethical relationships</u>	Is inattentive or provides unclear instructions and explanations to patients and families; <input type="radio"/>	Is attentive and provides clear instructions and explanations to patients and families <input type="radio"/>	Also checks for patient and family understanding by asking open-ended questions of patients <input type="radio"/>	
<u>Professionalism</u> Show integrity, accountability, responsiveness, and balance of self-care.	Is unaccepting of responsibility for own actions or is unable to successfully balance time commitments; Ignores duty hour limits and self-care <input type="radio"/>	Accepts responsibility for own actions; successfully balances time commitments Complies with patient hand off expectations (when applicable) and duty hour limitations <input type="radio"/>	Also completes responsibilities without the need for reminders or explicit directions; Acknowledges contributions of others <input type="radio"/>	

Competency Areas and Educational Program Objectives	<u>Does not Meet Expectations</u>	<u>Meets Expectations</u>	<u>Exceeds Expectations</u>	<u>Did Not Observe</u>
<i>Demonstrate sensitivity, empathy, respect for others</i>	Is insensitive or not empathetic toward others; Displays disrespectful behaviors and is not accepting of others <input type="radio"/> 1.0	Is sensitive and empathetic toward others; Displays respectful behaviors and conveys acceptance of others <input type="radio"/> 1.5 <input type="radio"/> 2.0	Also considers patients' beliefs, values, and cultural practices in patient care plans <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<i>Maintain a teachable attitude, is prepared and engaged</i>	Responds in a defensive manner to feedback, or is not willing to learn , Is unprepared, arrives late , or does not obtain approval for <input type="radio"/> 1.0 absence or tardiness	Responds openly to feedback, but does not solicit it, and is willing to learn <input type="radio"/> 1.5 Is prepared, arrives on time , or is late and obtains approval for <input type="radio"/> 2.0 tardiness	Initiates giving and receiving feedback; Is on time <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<u>Quality Improvement</u> <i>Recognize limitations, admit error</i>	Struggles instead of acknowledging limitations/obstacles Is unable to identify plan to change limitations or resources needed <input type="radio"/> 1.0	Acknowledges limitations/obstacles <input type="radio"/> 1.5 Identifies a plan to change limitations or resources needed <input type="radio"/> 2.0	Also demonstrates improvement in self-identified limited area/s <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<i>Access/Appraise evidence</i>	Considers non-evidence based findings to their approach to patients <input type="radio"/> 1.0	Appraises evidence-based findings to their approach to patients <input type="radio"/> 1.5 <input type="radio"/> 2.0	Applies these findings to their approach to patients <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<u>Medical Knowledge</u> <i>Apply medical knowledge</i>	Demonstrates limited medical knowledge for clerkship student; relies heavily on resources <input type="radio"/> 1.0	Demonstrates appropriate medical knowledge for clerkship student; relies somewhat on resources <input type="radio"/> 1.5 <input type="radio"/> 2.0	Applies medical knowledge by interpreting patient's symptoms to formulate care plan <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<u>Societal Awareness</u> <i>Is aware of cost & resource allocation</i>	Is unaware of external factors which may influence utilization and act as barriers to cost-effective care <input type="radio"/> 1.0	Is aware of external factors which may influence utilization and act as barriers to cost-effective care <input type="radio"/> 1.5 <input type="radio"/> 2.0	Also actively works to identify the mitigation of barriers <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<i>Recognize roles and responsibilities of all team members</i>	Is unaware of physician and others' roles/responsibilities in offering preventive care; <input type="radio"/> 1.0	Identifies physician and others' roles and responsibilities in offering preventive care; <input type="radio"/> 1.5 <input type="radio"/> 2.0	Also recognizes the roles of other team members and seeks their input <input type="radio"/> 2.5 <input type="radio"/> 3.0	
<i>Acquire knowledge about community resources, educate others</i>	Is unaware of relevant community based resources <input type="radio"/> 1.0	Is knowledgeable of or seeks information about relevant community based resources <input type="radio"/> 1.5 <input type="radio"/> 2.0	Also helps identify relevant community-based resources and educate others <input type="radio"/> 2.5 <input type="radio"/> 3.0	
Required Comments: <i>What did the student do well, not so well, suggestions for improvement?</i>				

Student Signature _____

Date: _____ (check box for automated signature)

Faculty Signature _____

Date: _____ (check box for automated signature)

Contributing Faculty/Residents (if additional): _____