

**NOTE: THIS IS A 4-PAGE FORM ON CARBONLESS PAPER.
PLEASE SEPARATE PAGES BEFORE COMPLETING.**

The UNIVERSITY of WESTERN ONTARIO
Schulich School of Medicine & Dentistry
CLINICAL CLERK ASSESSMENT
Academic Year 2009 - 2010

Student Name: _____ Student # _____

Rotation Block: _____

Rotation Date: From _____ To _____

Absence: Academic Leave _____ Non-Academic Leave _____ Illness _____
[Number of Days Absent]

Has mid-rotation feedback been given to student? Yes No

Is the student's behaviour consistent with the CMA Code of Ethics?

Yes No If No, explain: _____

SUMMATIVE (Final) EVALUATION

Meets Expectations **Does Not Meet Expectations ***

*If the student **Does Not Meet Expectations**, the student has **Failed** the block.
Please provide further details. See criteria for failure in the Clerkship Handbook.

Evaluation Components for Rotation

Exam (oral) Peer/Resident Clinical (Selective) Other _____

Exam (written) Clinical (ward) Clinical (Selective) Other _____

Exam (OSCE) Clinical (ambulatory) Clinical (Selective) Other _____

Name of Supervisor (print): _____

Signature of Supervisor: _____

Signature of Student: _____

Date: _____

Note: Signature by the student indicates that the student has seen the evaluation.
It does not indicate that the student agrees with the evaluation.

Distribution: **White** original to: Becky Bannerman, Undergraduate Medical Education, MSB, Room M100
Pink copy to: Department
Yellow copy to: Student

STUDENT NAME: _____ ROTATION: _____

FORMATIVE (Feedback) EVALUATION

It is expected that the average medical student is, by definition, average. It would be expected that 80% or more of the class would *Meet Expectations*. Those students who *Do Not Meet Expectations* and those who *Exceed Expectations* should have these assessments justified specifically. **Please CIRCLE the appropriate numeric grade (1-5).** If unable to assess a medical student, please indicate N/A in the specific section.

ALL EVALUATIONS RATED AS 1 OR 5 MUST BE JUSTIFIED BY COMMENTS & SPECIFIC EXAMPLES.

* Indicates that students must at least "Meet Expectations" in all of these categories in order to pass rotation.

Grading:	Does Not Meet Expectations	Meets Expectations			Exceeds Expectations
	1	2	3	4	5
1. Physician as an Expert					
History Taking	1	2	3	4	5
	Frequently incomplete. History taking strategy more random than purposeful. Does not ask about social context and illness experience.	Usually thorough, accurate and systematic. Identifies pertinent problems. Elicits patient's concerns and explores social contexts.			History is virtually always accurate and thorough. Outstanding ability to fully explore patient's concerns.
Physical / Mental Status Examination	1	2	3	4	5
	Disorganized sequence. Technique may be poor. Examination may be performed incorrectly or insensitively. Often misses significant normal/abnormal findings.	Usually performs adequate and appropriate physical / mental status examination. Gentle and efficient, able to elicit most significant normal and abnormal findings.			Clearly performing at a level expected of more senior trainee. Examination is organized, efficient, and complete and yet does not include unnecessary components.
Records and Reports	1	2	3	4	5
	Records are inadequate, poorly organized, incomplete, inaccurate or illegible.	Records/reports are complete, accurate, well organized and legible. Balance between conciseness and completeness. Up to date progress notes.			Notes are complete yet concise, extremely well organized, and reflect history and physical examination as well as management plan with rationale.
* Clinical Judgment	1	2	3	4	5
	May fail to recognize diagnosis or develop incomplete/inappropriate plan. May ignore patient input. May order diagnostic procedures/tests without understanding their role/limitations. Fails to recognize when advice and assistance from senior trainees or staff is necessary.	Usually identifies appropriate potential diagnoses. Able to develop appropriate management plan. Considers information from all relevant sources, including old records, family physician, family members etc. In emergency is able to establish priorities and knows when to ask for advice.			Able to identify most likely/serious diagnosis. Typically able to identify and justify diagnostic tests as well as recognize limitations of tests. Reaches common ground with patient in developing a management plan. In an emergency able to make rapid assessment, prioritize care and identify need for additional help.
* Medical Knowledge	1	2	3	4	5
	Consistently fails to generate a likely differential diagnosis. Unable to develop a basic management plan. Lacks an organized approach to relevant clinical problems.	Usually identifies appropriate diagnoses. Able to develop an appropriate management plan. Shows an expected improvement in knowledge over the course of the rotation.			Able to identify most likely and most serious diagnosis. Develops a comprehensive management plan (that may include factors such as cost, compliance, patient values, community resources.) Knowledge base is above that expected for a clerk.

STUDENT NAME: _____ ROTATION: _____

2. Physician as a Professional / Collaborator

	1	2	3	4	5
* Team Relationships	Exhibits difficulty working with other members of the team. May be uncooperative, disruptive or unprofessional. May be thoughtless or arrogant. Mood (irritable or bad temper) may cause problems with team. Fails to recognize or respect opinions and roles of other health professionals. May lack insight into behaviour.	Good relationship with other team members. Active member of the team who works well with others. Appropriate instructions and rapport with nursing and allied staff. Listens to and values staff concerns. Respectful.			Exceptional member of inter-disciplinary team. Collaborative, active member of health care team. Displays positive leadership qualities.

	1	2	3	4	5
* Altruism	Selfish demeanor. Does not put the needs and interests of patients and their families first. Inadequate commitment. Social life may affect professional performance. Casual or cavalier approach that leads to errors. Not dependable or reliable.	Strives to serve patients and their families with excellent clinical care. Assists colleagues to address personal issues and to enhance clinical knowledge skills. Puts the needs and interests of patients and families first.			Is a role model for selflessness and serves patients and their families with exemplary clinical care. Actively supports the educational mission of the school. Takes the time to care for self and family. Best interest of the patient is the clerk's foremost guiding principle.

	1	2	3	4	5
* Integrity	Deliberately misleads staff, patients or relatives. Fails to answer questions honestly or is evasive. Blames others for errors. Does not provide information in a clear manner that is understandable to the patient. Does not respect patient confidentiality.	Truthful and forthright with information. Appropriate follow-up of problems. Admits errors frankly to supervisors. Represents self honestly, including acknowledging limitations in ability, and identifies oneself accurately in interactions and documentation.			Role model of personal and professional integrity. Demonstrates honesty and trustworthiness in all assessments, learning and study. Acknowledges limitations in ability and openly identifies personal conflicts that may interfere with a patient's care.

	1	2	3	4	5
* Responsibility	Cannot or will not respond constructively to feedback. Unaware of own limitations or may be under-confident and reluctant to take on responsibility. Late or absent without explanation.	Seeks assistance and feedback. Responds to advice graciously and changes performance as a result. Aware of own limitations. Carries out activities in a timely and dedicated fashion. Attends to own personal health through nutrition and physical activity and seeks help when ill.			Is a role model for other students for excellence in health care, improving access to care, and optimizing the health of the community. Actively seeks clarity on responsibilities and roles from colleagues, staff, teachers, and preceptors. Commits to evaluating and upgrading scientific knowledge and professional development.

	1	2	3	4	5
* Respect	Lacks understanding of fundamental ethical principles. May violate patient-physician boundaries or breach confidentiality. May discriminate. Behaviour may be unprofessional, for example derogatory comments about team members or patients. Behaviour may be inappropriate, for example joking or eating where inappropriate.	Treats patients with compassion and respect. Demonstrates respect for diversity. Aware of boundary issues. Is courteous in daily interactions with classmates, teachers, healthcare professionals, staff, patients and their families. Maintains professional demeanour, language and attire. Maintains excellent attendance record and attends learning activities and clinical duties punctually.			A role model of ethical professional behaviour -- sets standard for team. Strives to understand roles of and appropriately engages other members of the healthcare team. Demonstrates a clear understanding of individual autonomy and how this relates to decision making for patients and families.

STUDENT NAME: _____ ROTATION: _____

3. Physician as a Communicator / Educator / Humanist / Healer

	1	2	3	4	5
Doctor-Patient Relationship	May not demonstrate awareness of factors that affect the doctor-patient relationship. May not allow patients to express concerns. May appear to lack empathy. May not recognize an emotionally distressed patient. Ignores the patient's ideas, feelings or expectations.	Good rapport. Professional manner and sensitive to patient's concerns. Recognizes the patient's ideas, feelings and expectations and uses these ideas, feelings and expectations in planning therapy.			Establishes exceptional rapport and puts patients and families at ease. Excellent listening skills. Handles even difficult situations well. Reaches a mutual understanding and informed agreement regarding the nature of the problems, the goals of treatment and the respective roles of patients and physician.

4. Physician as a Health Advocate

	1	2	3	4	5
	Often fails to inquire about lifestyle/risk factors. Does little to promote patient involvement or understanding of their health and health care.	Usually investigates lifestyle and risk factors and determinants of health and discusses with patient.			Consistently strives to discuss personal lifestyle/risk factors, collaborates with patient to promote wellness. Engages in anticipatory guidance.

5. Physician as a Learner / Scholar

	1	2	3	4	5
Initiative and Responsibility	Passive, does not display initiative. May actively avoid work and be slow to take on responsibility. Rarely functions independently.	Accepts responsibility, is dependable and reliable. Prompt follow-up of patients and non-clinical responsibilities (for example, rounds, teaching, etc.).			Exceptional degree of initiative. Looks for opportunities to contribute beyond assigned tasks. Prepared to give extra effort willingly.

	1	2	3	4	5
Self-Directed Learning and Knowledge	Does little reading. May not follow through on assignments etc. May not recognize limitations.	Does assigned readings. Consults relevant resources with respect to patient problems. Recognizes limitations and asks for help appropriately. Generally able to apply critical appraisal skills to current literature.			Independent learner. Does assigned and expected reading and, in addition, finds relevant resources on difficult cases. Engages preceptors in learning discussions.

6. Physician as a Resource Manager

	1	2	3	4	5
	No awareness of resources, costs, or concepts of evidence-based medicine. May order tests or consults indiscriminately.	Aware of resources and uses information from literature regarding therapy and diagnostic testing in caring for patients.			Uses knowledge of available evidence with appropriate judgment. Skilled in critical appraisal. Aware of resources, including community resources, and able to utilize health care resources effectively.

Comments: Provide further information as germane with respect to the student's formative evaluation. Student may select a limited number of comments for inclusion on the Medical Student Record of Performance (Dean's Letter).