



\* indicates a mandatory response

## Educator of Medical Student - General Evaluation Form

A Potential Conflict of Interest (COI) exists when a faculty member that is evaluating a student has a close relationship to the student such as being a family member or having served as a current/prior physician. If "Yes" is selected, you must complete this form but the Clerkship Director will nullify the faculty evaluation. Please choose one of the following options:

Do you have a COI with this student?

- Yes, I have a conflict
- No

Worked with student from:

Setting:

- Bronx VA
- Mount Sinai Hospital
- Mount Sinai Morningside
- Mount Sinai Queens
- Mount Sinai West
- Queens Hospital

Evaluator Role:

- Attending
- Resident
- Fellow
- Intern
- Other

What best characterizes your knowledge of the student's skills and qualities:

- Based on only a few observations
- In-depth/based on multiple observations

The evaluation is based primarily upon (Check as many as apply):

- Observation of student with patient and/or family members
- Observation of history-taking or physical exam skills
- Observation of student with team members/attending staff
- Reviewing of patient notes/write-ups
- Observation of presentation skills
- Observation of student in small group learning

Please write a substantive narrative text, being specific about strengths and weaknesses. Consider areas such as:

- Fundamental medical knowledge
- Skills (Clinical documentation, Oral and Written Presentations, Clinical reasoning)
- Attitude (attitude towards learning, feedback, patients and clinical care team)

You may also consider improvement over the course of the rotation.

\*Specific strengths demonstrated

\*Areas student can improve upon

	Cannot assess	Major deficiencies, little understanding of basic concepts	Some deficiencies, incomplete understanding, difficulty applying basic concepts	Meets competency: Understanding of basic concepts of pathophysiology, diagnostic and treatment options	Understands more complex concepts of Pathophys, diagnostic and treatment options	Can discuss more complex concepts of pathophys, diagnostic and treatment options
<b>*Knowledge Base:</b> Consider the student's general medical knowledge about physiology/pathophysiology related to the patient's serious illness though does not have to be palliative care-specific.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Inaccurate or incorrect with major omissions	Histories complete but unfocused. Excessive or disorganized	Meets competency: Accurate, reliable, and comprehensive; includes essential positives and negatives	Well organized, detailed; thorough and efficient; able to gather focused historical data	Elicits subtle and important findings; reflects thorough knowledge of disease and patient situation.
<b>*History Taking Skills:</b> Consider the student's ability to elicit a focused history about the patient's pain, symptoms, functional status, and anything else pertinent to the patient's serious illness presentation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Inaccurate or faulty exam with major omissions	Complete PE but faulty, unfocused, excessive or disorganized	Meets competency: Exam is reliable and/or appropriate scope and accuracy	Well organized, detailed; thorough and efficient; able to gather focused PE data	Elicits subtle and important findings; reflects thorough knowledge of disease and patient situation.
<b>*Physical Examination Skills:</b> Consider the student's ability to perform a focused physical exam related to the patient's serious illness (i.e. auscultating the heart and lungs are not necessarily required) including a mental status exam assessing for psychiatric symptoms and/or delirium.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Cannot interpret or synthesize data; no prioritization, likely to miss major disorders	Difficulty with interpretation of data and prioritization of issues; develops DDx with assistance or prompting	Meets competency: Assesses most problems with a generally well-reasoned DDx	DDx reflects clear understanding of pathophysiology; effectively integrates data and incorporates subtleties	Thorough DDx with sophisticated reasoning; understands complex issues and interaction of multiple problems
<b>*Differential Diagnosis/ Assessment:</b> Consider the student's ability to develop a differential diagnosis for pain and symptoms (e.g. dyspnea in a patient with cancer may be related to metastases or underlying heart failure, a PE, large-volume ascites, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Plans inadequate; lacks knowledge to manage common patient problems; fails to prioritize management	Plan often misses important components; difficulty understanding problems or formulating plans without prompts	Meets competency: Adequate and appropriate plans and follow-up for basic differential diagnostic categories	Complete and prioritized plans and follow-up; effectively integrates data and incorporates subtleties	Plans demonstrate thorough understanding of diagnostic and therapeutic options; reflects appreciation of patient's experience of illness
<b>*Plans and Follow-up</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Inaccurate, inappropriate, major omissions	Disorganized, unfocused, some omissions	Meets competency: Complete, includes all basic information, follows usual format	Well organized, thorough, precise	Concise, comprehensive and fluent presentation, appreciates subtleties
<b>*Oral Presentations: Consider the student's ability to present patients concisely within the palliative care context including data relevant to the management of pain and symptoms (if applicable), family concerns, major events that are pertinent to the overall prognosis/care of the patient.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Not able to organize, summarize or explain clinical data; multiple typos and/or jargon and/or abbreviations routinely used	Have essential data, but not well organized or accurate; includes some typos and/or jargon and/or abbreviations but not all 3	Meets competency: Reasonably accurate, relatively well organized; includes some typos but no jargon or abbreviations	Accurate, comprehensive; reflect good grasp of clinical problem; includes minor typos but no jargon or abbreviations	Well-organized, legible, factually accurate, and problem-based; clearly articulates clinical reasoning; free of typos, jargon or abbreviations
<b>*Written Communication</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Unable to establish appropriate patient relationships; exhibits paternalism and minimizes patient autonomy	Adequate communication skills; occasionally insensitivity or inattentive	Meets competency: Adequate communication skills: listens attentively to patient concerns; establish rapport	Effective communication skills; elicits and manages patient expectations and negotiates compromise; sensitive and responsive to patients in difficult circumstances; patient appears comfortable with student	Compassionate; respects patient autonomy and dignity; able to manage difficult situations; patient appears fully confident with student
<b>*Communication and interpersonal skills - Patient</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Fails to complete tasks asked of him/her; inappropriate antagonistic, disruptive, arrogant	Aware only his/her patients; needs guidance to complete activities	Meets competency: Cooperative, adjusts to circumstances; assumes responsibility	Flexible, supportive; develops good rapport with team: aware of the team's case/needs	Poised, established tone of respect with all team members; actively improves team flow.
<b>*Communication and interpersonal skills - Team</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Cannot assess	Does not seek information, unreliable, inefficient time management, does not complete tasks, arrives late; absent from unit/clinic or unavailable	Requires reminders to seek more information or complete tasks; occasional inefficient use of time management	Meets competency: Shows enthusiasm ; participates in activities; shows up on time; demonstrates caring, honest behavior	Shows enthusiasm ; seeks additional reading or activities; efficient conscientious and helpful	Takes ownership of patient; highly motivated to expand knowledge and enhance productivity; active learner
<b>*Dependability/ Engagement</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*Are you aware of any absences by this student that were not approved by the clerkship director?**

- Yes  
 No

**By submitting this form, I attest that I received and reviewed the relevant clerkship learning objectives, the list of required clinical encounters, and the expectations for my role in teaching and assessment for this clerkship.**

The following will be displayed on forms where feedback is enabled...  
(for the evaluator to answer...)