



* 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:

- MSH
- MS Beth Israel
- Elmhurst
- MSW/Morningside

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 describe what the student does well in the following 3 areas:

*Knowledge (Fundamental medical knowledge, Pathophysiology)

*Skills (Clinical documentation, Organization, Oral and written presentations, Clinical reasoning, Application of pathophysiology)

*Attitude (Attitude towards learning, feedback, patients and clinical care team)

Please describe 1 or 2 ways the student can improve his or her doctoring skill in the following areas:

*Knowledge (Fundamental medical knowledge, Pathophysiology)

*Skills (Clinical documentation, Organization, Oral and written presentations, Clinical reasoning, Application of pathophysiology)

*Attitude (Attitude towards learning, feedback, patients and clinical care team)

	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
*Knowledge Base	<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.
*History Taking Skills	<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.
*Physical Examination Skills	<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
*Differential Diagnosis/ Assessment	<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
*Plans and Follow-up	<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
*Oral Presentations	<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
*Written Communication	<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
*Communication and interpersonal skills - Patient	<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.
*Communication and interpersonal skills - Team	<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
*Dependability/ Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

R-I-M-E Scale

Use the R-I-M-E (Reporter-Interpreter-Manager-Educator) schema to document the level of clinical proficiency that you feel the student has reached based on your direct observations. Third year students are expected to be proficient reporters by the end of the clerkship. Some students may demonstrate one or more skills at the higher levels.

Reporter: Accurately and efficiently gathers, organizes and communicates clinical facts about his or her patients. This skill requires that the student be able to recognize the most important pieces of data and present them cogently. All students should be consistent reporters by the end of the clerkship.

Interpreter: Prioritizes the problems that he or she has identified, and generates plausible differential diagnoses that fit the clinical data. Takes ownership over the care of patients.

Manager: Generates reasonable working diagnostic and therapeutic plans for specific patient problems. He or she must be able to consider the patient's preferences and be able to communicate clearly to patients about their problems.

Educator: Defines important and relevant questions and looks for evidence on which to base clinical decisions. Has the skill to know whether the evidence will stand up to scrutiny.

(The R-I-M-E criteria are being used, with permission from Dr. Lou Pangaro and Dr. Paul Hemmer, USUHS)

	Cannot assess	Sub-Reporter	Reporter	Reporter/Interpreter	Interpreter	Interpreter/Manager	Manager	Manager/Educator	Educator
*Please select the level that the student most consistently demonstrated.	<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...)