

Faculty/Resident Evaluation of Student Form 2017-2018

(CAT 3.1)

1	HISTORY TAKING
<input type="radio"/>	Histories often inaccurate or incomplete and student requires substantial guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Histories are accurate but student requires guidance to ensure completeness.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Histories are accurate and student completes with minimal guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Histories are accurate and appropriately focused without need for clarification .
2	PHYSICAL EXAMINATION
<input type="radio"/>	Physical exams are often inaccurate or incomplete and student requires substantial guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Physical exams are accurate but student requires guidance to ensure completeness.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Physical exams are accurate and student completes with minimal guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Physical exams are accurate and appropriately focused without need for further clarification .
3	GENERATING DIFFERENTIAL DIAGNOSIS (DDX)
<input type="radio"/>	DDX is often irrelevant and requires substantial supervisor input .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	DDX requires guidance in order to tailor to the patient's presentation.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	DDX is appropriate with minimal supervisor input .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	DDX is appropriate and integrates current and emerging information without need for further clarification .
4	ORDERING AND INTERPRETING COMMON DIAGNOSTIC TESTS
<input type="radio"/>	Has difficulty identifying and interpreting appropriate diagnostic tests without substantial supervisor input .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Requires guidance to identify appropriate diagnostic tests and/or interpret results.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to identify and interpret common diagnostic tests with minimal guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Diagnostic tests are appropriately recommended and accurately interpreted relative to clinical context without need for further clarification .
5	DEVELOPING AN APPROPRIATE MANAGEMENT PLAN
<input type="radio"/>	Has difficulty developing an appropriate management plan without substantial supervisor input .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Requires guidance to develop an appropriate management plan.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to develop an appropriate management plan with minimal guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Management plan is well-conceived and incorporates the patient's preferences and resources.

6	PRESENTATION TO PRECEPTORS, PEERS and TEAM MEMBERS
<input type="radio"/>	Presentation is disorganized, contains inaccuracies and requires frequent redirection and clarification.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Presentation is generally organized and accurate but requires some clarification.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Presentation is consistently organized and accurate and requires minimal clarification.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Presentation is organized, accurate, and appropriately tailored to the audience and situation without need for further clarification.
7	APPLICATION OF MEDICAL KNOWLEDGE TO PATIENT CARE
<input type="radio"/>	Requires substantial supervisor input to apply relevant scientific information to patient care.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to apply relevant scientific information to patient care with supervisor input.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Consistently applies relevant scientific information to patient care with minimal supervisor input.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Incorporates current scientific information and identifies emerging evidence relevant to patient care.
8	PROFESSIONAL ACCOUNTABILITY & RESPONSIBILITY
<input type="radio"/>	Requires multiple reminders to complete assigned responsibilities. Is often late, unprepared or disorganized. Fails to take responsibility for actions, even after prompting.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Completes responsibilities on time with minimal reminders. Is prepared most of the time. Accepts responsibility for actions with prompting.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Completes responsibilities on time without reminders. Is prepared and organized. Recognizes and accepts responsibility for actions.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Actively seeks out opportunities to contribute to team performance above and beyond assigned responsibilities.
9	MAINTENANCE OF TEACHABLE ATTITUDE
<input type="radio"/>	Is resistant, or responds defensively, to constructive feedback; fails to respond to repeated suggestions/feedback.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Accepts suggestions/feedback after initial resistance, minimal evidence of attempts to incorporate changes.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Welcomes suggestions/feedback and is willing to improve. Attempts to incorporate suggested changes.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Embraces and actively solicits feedback; actively incorporates suggestions to demonstrate continued professional growth.
10	LIFE LONG LEARNING & SELF-ASSESSMENT
<input type="radio"/>	Unable to recognize and acknowledge own weaknesses, even with substantial prompting.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to recognize and acknowledge own weaknesses with some prompting.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to recognize own limitations/weaknesses and to seek help when necessary with minimal prompting.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Is aware of and acknowledges own weaknesses without prompting. Proactively seeks opportunities for self-improvement and professional development.

11	COMMUNICATION WITH PATIENTS and FAMILIES
<input type="radio"/>	Has difficulty communicating effectively with patients and families without substantial supervisor involvement or guidance (e.g., struggles to recognize and adapt to relevant verbal and nonverbal clues).
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Requires some supervisor involvement or guidance to communicate effectively with patients and families.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Able to communicate effectively with patients and families with minimal supervisor involvement or guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Skillfully adapts communication content and style based on patients' and families' needs and level of understanding.
12	COMMUNICATION WITH TEAM MEMBERS
<input type="radio"/>	Has difficulty communicating effectively with team members and with recognizing their respective roles. Requires substantial guidance to balance listening with sharing.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Requires some guidance to communicate effectively with team members, to recognize team members' roles, and to balance listening with sharing.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Communicates with respect for, and appreciation of, team members and their respective roles. Balances listening with sharing with minimal guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Communicates effectively with team members, clearly recognizes the scope and expectations of each team member's role, and fluidly balances listening and sharing without specific guidance .
13	COMPASSION, EMPATHY & RESPECT (PRIVACY and CONFIDENTIALITY)
<input type="radio"/>	Requires substantial supervisor involvement to behave respectfully and empathetically toward patients. Displays lapses in respecting patient privacy and confidentiality.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Requires some guidance to behave respectfully and empathetically toward patients in stressful conditions. Demonstrates respect of patient privacy and confidentiality (e.g., knocks before entering, addresses others in the room) with minimal guidance.
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Consistently demonstrates compassion and empathy for, and respect of, patients and patients' rights without specific guidance .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Proactively works to meet the needs of patients. Demonstrates independent drive and initiative to advocate for patients.
14	DOCUMENTATION OF PATIENT ENCOUNTERS (FORMAL H&P OR PATIENT NOTES)
<input type="radio"/>	Documentation is not consistently reflective of the student's work or thinking and often contains inaccuracies (e.g., over reliant on cutting and pasting and/or cuts and pastes elements of the chart without appropriate corrections or updates).
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Documentation reflects the students own work and thinking, but requires supervisor involvement to identify errors (e.g., cuts and pastes elements of the chart missing some corrections or updates).
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Documentation of patient encounters is accurate. Appropriately updates information when using the cutting and pasting function with minimal supervisor involvement .
<input type="radio"/>	<i><performance between levels></i>
<input type="radio"/>	Documentation reflects independent authorship and clinical reasoning that incorporates the current status of the patient and information from multiple sources.