

# Medical Student Clinical Performance Evaluation - Medical University of South Carolina

Student Name:

Rotation Name:

Rotation Institution:

Dates of Rotation:

Preceptor Name:

Preceptor Signature:

Do you have any **conflict of interest** in evaluating this student such as the provision of health care, psychiatric care, or psychological care/counseling for this student or other academic conflict of interest?

I do NOT have a conflict of interest.

I do have a conflict of interest.

## **Performance on Entrustable Professional Activities (EPA)**

### **Gather a History (EPA 1)**

<b>Does Not Meet Expectations</b>	<b>Building Competence</b>	<b>Approaching Competence</b>	<b>Competent for Practice with Limited Supervision</b>	<b>Insufficient Observation or N/A</b>
Does not collect accurate data Is disrespectful in interactions with patients Fails to recognize patient's central problem	Gathers excessive or incomplete data Does not respond to patient verbal and nonverbal cues Questions are not guided by the evidence and data collected May generalize based on age, gender, culture, race, religion, disabilities, and/or sexual orientation Does not prioritize or filter information	Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon  Is able to filter signs and symptoms into pertinent positives and negatives  Uses a logical progression of questioning  Incorporates response appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation	Obtains a complete and accurate history in an organized fashion  Seeks secondary sources of information when appropriate  Adapts communication skills to the individual patient's needs and characteristics  Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning	

### **Perform a Physical/Mental Exam (EPA 1)**

<b>Does Not Meet Expectations</b>	<b>Building Competence</b>	<b>Approaching Competence</b>	<b>Competent for Practice with Limited Supervision</b>	<b>Insufficient Observation or N/A</b>
Incorrectly performs basic exam maneuvers  Does not consider patient's privacy and comfort during exams	Performs basic exam maneuvers correctly  Misses key findings  Does not perform exam in an organized fashion	Targets the exam to areas necessary for the encounter  Identifies and describes normal findings  Explains exam maneuvers to patient	Performs and accurate exam in a logical and fluid sequence  Can identify and describe normal and abnormal findings  Uses the exam to explore and prioritize the working differential diagnosis	

### **Prioritize a Differential Diagnosis Following a Clinical Encounter (EPA 2)**

<b>Does Not Meet Expectations</b>	<b>Building Competence</b>	<b>Approaching Competence</b>	<b>Competent for Practice with Limited Supervision</b>	<b>Insufficient Observation or N/A</b>
Cannot explain or document clinical reasoning  Cannot gather or synthesize data to inform an acceptable diagnosis  Lacks basic medical knowledge to reason effectively	Does not completely explain and document reasoning  Proposes a differential diagnosis that is too narrow, is too broad, or contains inaccuracies  Depends on team for all management plans  Struggles to filter, prioritize, and make connections between sources of information	Proposes a reasonable differential diagnosis but may neglect important diagnostic information  Recommends diagnostic evaluations tailored to the evolving differential diagnosis after having consulted with team  Explains and documents clinical reasoning	Proposes a relevant differential diagnosis that is neither too broad nor too narrow  Proposes diagnostic and management plans reflecting team's input  Provides complete and succinct documentation explaining clinical reasoning	

### Recommend and Interpret Common Diagnostic and Screening Tests (EPA 3)

Does Not Meet Expectations	Building Competence	Approaching Competence	Competent for Practice with Limited Supervision	Insufficient Observation or N/A
<p>Unable to recommend a standard set of screening or diagnostic tests</p> <p>Cannot provide a rationale for ordering tests</p> <p>Does not discern urgent from non-urgent results</p>	<p>Misinterprets insignificant or explainable abnormalities</p> <p>Recommends unnecessary tests or tests with low pretest probability</p> <p>Does not consider harm, costs, guidelines, or patient resources</p>	<p>Identifies guidelines for standard tests</p> <p>Recognizes need for assistance to evaluate urgency of results and communicate these to patient</p>	<p>Recommends key, reliable, cost-effective screening and diagnostic tests</p> <p>Discerns urgent from non-urgent results and responds correctly</p> <p>Distinguishes common, insignificant abnormalities from clinically important findings</p> <p>Explains how results will influence diagnosis and evaluation</p>	

### Document a Clinical Encounter in the Patient Record (EPA 5)

Does Not Meet Expectations	Building Competence	Approaching Competence	Competent for Practice with Limited Supervision	Insufficient Observation or N/A
<p>Provides incoherent documentation</p> <p>Copies and pastes information without verification or attribution</p> <p>Does not provide documentation when required</p>	<p>Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient's preferences</p> <p>Misses key information</p> <p>Produces documentation that has errors or does not fulfill institutional requirements (e.g. signature, date, time)</p> <p>Does not include a rationale for ordering studies or treatment plans</p>	<p>Documents a problem list, differential diagnosis, plan and clinical reasoning</p> <p>Provides key information but may include unnecessary details or redundancies</p>	<p>Documents a problem list, differential diagnosis, and plan, reflecting a combination of thought processes and input from other providers</p> <p>Provides a verifiable cogent narrative without unnecessary details or redundancies</p> <p>Provides accurate, legible, timely documentation that includes institutionally required elements</p>	

### Provide an Oral Presentation of a Clinical Encounter (EPA 6)

Does Not Meet Expectations	Building Competence	Approaching Competence	Competent for Practice with Limited Supervision	Insufficient Observation or N/A
<p>Presents in a disorganized and incoherent fashion</p> <p>Fabricates information when unable to respond to questions</p> <p>Disregards patient's privacy and autonomy</p>	<p>Presents a story that is imprecise because of omitted or extraneous information</p> <p>Delivers a presentation that is not concise or that wanders</p> <p>Projects too much or too little confidence</p>	<p>Delivers a presentation organized around the chief concern</p> <p>When prompted, can adjust presentation in length and complexity to match situation and receiver of information</p> <p>When asked, can identify pertinent positives and negatives that support hypothesis</p> <p>Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional information</p>	<p>Filters, synthesizes, and prioritizes information into a concise and well-organized presentation</p> <p>Provides sound arguments to support the plan</p> <p>Integrates pertinent positives and negatives to support hypothesis</p> <p>Presents personally verified and accurate information, even when sensitive</p>	

### Collaborate as a Member of an Interprofessional Team (EPA 9)

Does Not Meet Expectations	Building Competence	Approaching Competence	Competent for Practice with Limited Supervision	Insufficient Observation or N/A
<p>Has disrespectful interactions or does not tell the truth</p> <p>Dismisses input from professionals other than physicians</p> <p>Displays little initiative to interact with team members</p>	<p>Is typically a more passive member of the team</p> <p>Prioritizes own goals over those of the team</p>	<p>Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice</p> <p>Listens actively and elicits ideas and opinions from other team members</p> <p>Integrates into team function, prioritizing team goals</p>	<p>Actively engages with the patient and other team members to coordinate care and provide for seamless care transition</p> <p>Communicates bidirectionally; keeps team members informed and up to date</p> <p>Supports other team members and communicates their value to the patient and family</p>	

**Performance on Communication and Professionalism**

<b>Communication</b>	<b>Major Concerns</b>	<b>Minor Concerns</b>	<b>No Concerns</b>	If marked <b>Major or Minor</b> concerns, please describe here:
Communicates effectively with patients and team members Fosters therapeutic relationships with respect and empathy Demonstrates sensitivity in difficult conversations Demonstrates appropriate verbal and nonverbal communication				
<b>Professionalism</b>	<b>Major Concerns</b>	<b>Minor Concerns</b>	<b>No Concerns</b>	If marked <b>Major or Minor</b> concerns, please describe here:
Always on time and has no unexcused tardiness/absence Adheres to ethical principles Demonstrates sensitivity to a diverse patient population Respects patient confidentiality in all settings Demonstrates honesty and integrity in all settings Demonstrates accountability for patient care and academic responsibilities Able to seek and respond to feedback in a positive and mature way				

**Overall Performance** - For their level of training, please indicate how this student has performed in the following domains:

	<b>Does Not Meet Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Overall Medical Knowledge			
Patient Care Skills			
Ability to Communicate with Others and Function on a Team			
Level of Engagement and Willingness to Learn			
Professional Attitude and Behavior			

**Narrative Feedback** - Please summarize the student's strengths and areas for improvement.