

INTERNAL MEDICINE CLERKSHIP FORMATIVE EVALUATION FORM

(COMMENTS REQUIRED FOR 1, 2 OR 9 AND ANY PROFESSIONALISM AREAS OF CONCERN)

Student Name: _____ **Evaluator:** _____

1. PROFESSIONALISM

(~10 %)

1. Respectfulness

- o Always respectful
- o Minor lapse in respectfulness
- o Area of concern

2. Work Ethic/ Dependability

- o Consistently takes initiative and follows through
- o Sometimes requires prompting but always follows through
- o Area of concern

3. Motivation/Excellence

- o Actively strove for excellence
- o No problem with motivation
- o Area of concern

4. Honesty

- o Honest even when it entails personal risk (e.g. readily admitting a mistake, giving due credit to someone else, etc)
- o There were no concerns
- o Area of concern

Competency Category	Below expected performance	At the level of performance expected for a 3 rd Year UF COM student	Above expected performance
2. PATIENT CARE A. HISTORY TAKING (~5%)	1 2 3 1: Unable to consistently obtain a complete history for patients with common complaints. Misses key features of a symptom.	4 5 6 5: Consistently obtains a complete history. Able to identify pertinent positives and negatives for common complaints.	7 8 9 8: Consistently complete and organized. Elicits pertinent positives and negatives that indicate a differential is in mind. Probes for details.

**B: PHYSICAL EXAM
(~5%)**

1 2 3
1: Demonstrated **one or more** of the following: persistent problems with technique, does not recognize obvious abnormal findings, inability to identify relevant parts of the exam to perform.

4 5 6
5: Technically able to perform a complete, organized, and accurate PE and recognize obvious abnormal findings.

7 8 9
8: Goes beyond the standard PE and looks for relevant findings based on the differential Picks up more subtle abnormalities. Tries to incorporate special tests when indicated.

C: CLINICAL REASONING (~15%)

1 2 3
1: Demonstrated **one or more** of the following: insufficient ability to interpret clinical information, difficulty prioritizing, difficulty elaborating a basic differential diagnosis, unable to commit to a working diagnosis

4 5 6
5: Able to generate a reasonable differential diagnosis for common internal medicine symptoms. Able to generate working diagnoses for the major problems.

7 8 9
8: Able to apply basic science knowledge to clinical situations to generate thoughtful and prioritized differentials for all patients the student is assigned. Able to integrate related problems into a unifying diagnosis when applicable.

D: MEDICAL DECISION MAKING (~5%)

1 2 3
1: Relies on the team for even basic management decisions. Poor medical judgment.

4 5 6
5: Able to generate a reasonable management plan for common internal medicine conditions. Medical judgment at expected level for a 3rd year

7 8 9
8: Generates specific management plans and anticipates problems that may occur based on the presentation. Thinks well on his/her feet. Clinical judgment exceeds expected level

3. MEDICAL KNOWLEDGE (~15 %)

1 2 3
1: Medical knowledge well below level expected at this stage of 3rd year.

4 5 6
5: Medical knowledge at the level expected at this stage of 3rd year

7 8 9
8: Knowledge base in upper 20% of students at same stage of 3rd year.

4. INTERPERSONAL & COMMUNICATION SKILLS

A. WITH PATIENT/FAMILY (~10 %)

1	2	3	4	5	6	7	8	9
1: Ability to establish rapport and communicate with patients and families is sufficiently weak to be a cause for concern								
				5: Established effective rapport with nearly all patients/families. Expresses self clearly and at a level that patients can understand.				8: Highly effective at establishing rapport and communicating with all patients and families. Aware of the relevance of psychosocial factors, cultural diversity and support systems.

B: ORAL PRESENTATIONS (~5 %)

1	2	3	4	5	6	7	8	9
1: Presentations ineffective for one or more of the following reasons: disorganized, incomplete, inaccurate, poor speaking skills.								
				5: Presentations usually well organized, occasionally misses details but overall effective.				8: Outstanding presentations. Complete yet concise, well organized with polished delivery.

C: WRITTEN MEDICAL RECORD (~5 %)

1	2	3	4	5	6	7	8	9
1: Medical record ineffective for one or more of the following reasons: disorganized, inaccurate, incomplete, not								
				5: Medical record entries/progress notes organized and complete with clear working diagnoses and plans.				8: Outstanding progress notes and record keeping. Complete yet concise, very well organized and very clearly communicated.

5. PRACTICE BASED LEARNING AND IMPROVEMENT (~15 %)

1	2	3	4	5	6	7	8	9
1: Demonstrated one or more of the following: poor self-insight, poor ability at accepting or applying feedback, lack of								
				5: Seeks and applies feedback well. Clearly reads about topics to improve patient care and tries to apply EBM in practice.				8: Actively seeks feedback and applies it well. Is intellectually curious and eager to learn about all patients on the team, not just those assigned. Consistently applies EBM to patient care. Teaches others when opportunities arise.

