

SUNY Downstate – College of Medicine EM EVALUATION FORM

III. INTERPERSONAL AND COMMUNICATION SKILLS (circle appropriate number and descriptor)

A. Patient Communication and Education

0 Not observed	1	2	3- 3 3+	4 5
Does not show empathy Communicates inaccurate information Uses jargon	Shows some degree of empathy; Counsels patient on preventive care most of the time Usually communicates accurately without jargon; Explains simple discharge instructions but lacks details	Communicates effectively and respectfully even with difficult patients Ensures patient understands instructions Describes basic resources available for care of the patient Counsels patients on preventive care consistently	Can communicate about prognosis and make shared decisions with patients/families Consistently makes effort to research patient questions, find patient education resources	

B. Team Relationships & Communication

0 Not observed	1	2	3- 3 3+	4 5
Does not contribute to team effort Not a team player	Works well with the team; Involved and enthusiastic Contributes to patient care	Always relays patient information appropriately (i.e. hand-off or consultations) Functions as a contributing member of an inter-professional team	Actively seeks opportunities to educate team members Assumes responsibility to educate junior students	

IV. PROFESSIONALISM (circle appropriate number and descriptor)

0 Not observed	1	2	3- 3 3+	4 5
No commitment to excellence Unaware of ethical principles underlying Minimal cultural competence	Generally respectful Demonstrates some awareness of ethical principles Usually sensitive to patient diversity Demonstrates basic professional responsibilities Maintains patient confidentiality	Consistently demonstrates professional responsibilities, and puts patients interests first Demonstrates caring, honesty, genuine interest and tolerance with a diverse population of patients/families	Strong commitment to excellence, professional development and medical ethics Recognizes personal beliefs and their potential impact on patient care Consistently recognizes limits of one's own knowledge and asks for assistance	

V. PRACTICE-BASED LEARNING AND IMPROVEMENT (circle appropriate number and descriptor)

0 Not observed	1	2	3- 3 3+	4 5
No evidence of self-directed learning No use of information technology Lacks understanding of critical appraisal	Reads independently Accesses resources to retrieve pertinent patient information Makes effort to read critically	Can form pertinent clinical questions based on patient care Retrieves high quality evidence for decision-making Acknowledges gaps in personal knowledge and expertise, and frequently asks for feedback	Exhibits consistent self-directed learning and self-reflection Consistently integrates EBM into clinical practice (and shares resources with team)	

VI. SYSTEM-BASED PRACTICE (circle appropriate number and descriptor)

0 Not observed	1	2	3- 3 3+	4 5
Rarely addresses need for non-physician resources, e.g. social work, home services Requires frequent reminders of patient safety issues	Usually identifies appropriate resources for patients Usually adheres to safe patient care practices, e.g. hand washing	Identifies system failures and social barriers that impact patient participation in care Contributes to a culture of patient safety Recognizes cost implications Provides relevant patient information during transition of care	Proactively addresses the need for interdisciplinary non-physician services to effectively coordinate care Finds solutions to social barriers for patient participation in care Consistently anticipates patient safety issues Describes medical errors and adverse events	

OVERALL ASSESSMENT: (please circle one of the five)

[Unacceptable]

[At expected MS3 level]

[At expected MS4 level]

[Approaching Intern Level]

[Above Average]

[Outstanding]

COMMENTS: 1. Please comment on this student's overall performance. These comments may be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter).

2. "Below the line" comments: List any unusual occurrences that should be monitored in future rotations, e.g., administrative lapses, late on shifts/conference etc. These comments will NOT appear in the MSPE unless a pattern is identified by the Course director or Dean's office.

Was the student late for rounds? ____ Yes ____ No

I have reviewed this evaluation with the student: ____ Yes ____ No

Evaluator Signature _____

-----Evaluation Return Receipt----- (Tear here) -----

Student name: _____ Date: _____
Did you attending and/or resident spend time teaching? Who? Please add any other comments.

Slip given to: _____

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Student: _____ Date/Shift/Location: _____ Evaluator: _____ # of Patients: _____

Not observed	Unacceptable [REQUIRES COMMENT]	At expected level of MS3	At Expected Level of MS4	Above Expectation (Within top 25%)	Outstanding (Top 10-15%)
Approaching Level of Intern					

I. PATIENT CARE AND CLINICAL REASONING (circle appropriate number and descriptor)

A. History Taking

0 Not observed	1 Incomplete or unfocused Relevant information missing	2 Accurate basic history but missing pertinent details Unclear chronology (i.e. as reported by patient), not age appropriate	3- 3 3+ Accurate, focused hypothesis-driven relevant data Well-organized with clear chronology Needs prompting to seek data from additional sources if needed Age appropriate	4 5 Able to obtain history at the pace expected of interns Performs and communicates a reliable, comprehensive history Independently seeks data from additional sources if needed
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B. Physical Exam

0 Not observed	1 Somewhat inaccurate or incomplete Incorrect technique	2 Performs a basic exam without focus, misses pertinent findings Major age appropriate components correct Appropriate technique with minor errors	3- 3 3+ Complete and age appropriate exam Correct technique Usually interprets exam findings appropriately Usually identifies findings relevant to chief complaint	4 5 Can perform exam at the pace expected of interns Consistently performs, interprets, communicates a comprehensive exam and collects relevant physical findings for the chief complaint
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C. Diagnosis, Clinical Reasoning and Testing

0 Not observed	1 Reports data without analysis Limited differential	2 Reasonable differential diagnosis with prioritization Only interprets common tests and imaging reports	3- 3 3+ Integrates all patient data in assessment Accurate, prioritized differential justified by clinical data Assesses patients at half the pace expected of an intern	4 5 Can easily assess patients at more than half the pace of an intern Extensive, prioritized differential Determines the necessity of diagnostic studies
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D. Patient Management

0 Not observed	1 Does not formulate basic short term plans; Gaps in understanding of management plans Needs substantial help to carry out tasks	2 Formulates a basic management plan Explains short/long term plans for team patients Cannot manage patients half the load of an intern Needs prompting to assume responsibility for patients	3- 3 3+ Carries half an intern patient load with minor help Formulates a detailed prioritized plan Recognizes the need for patient re-evaluation Recognizes patients requiring urgent/emergent care and anticipates complications Enters orders/writes prescriptions correctly	4 5 Carries half an intern patient load without assistance Assumes full responsibility for all aspects of patient management without prompting Selects appropriate pharmacologic agents, consistently reviews medication and allergies list
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E. Procedures

0 Not observed	1 Cannot explain indications or risks of procedures Unable to perform basic procedures (i.e. IV, phlebotomy, CPR, BVM)	2 Explains indications, contraindications, risks and complications of procedures Knows all elements of informed consent Inconsistently performs basic procedures Basic understanding of anatomy but missing key elements	3- 3 3+ Competently performs the general procedures of a physician Obtains consent for procedures typically performed or ordered by interns Identifies pertinent anatomy landmarks and potential risks and complications Uses appropriate universal precautions	4 5 Demonstrates above expected level manual skill and dexterity in procedures
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F. Documentation and Oral Presentation

0 Not observed	1 Difficulty in presenting; poor flow Significant omissions Incomplete problem list Inappropriate cutting and pasting	2 Accurate but has some extraneous details or minor omissions Reasonably organized but has difficulty with presentation Writes a basic discharge summary, but vague and lacks details	3- 3 3+ Well-organized, succinct. Reflects hypothesis-driven history-taking and understanding of the disease process Can present a reasonable patient summary with occasional assistance from notes	4 5 Notes fully reflect patient's status Can provide a coherent patient summary without notes Can present multiple patients in the same session Consistently writes and explains a concise discharge summary with relevant details Maintains updated medications & allergies list
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II. MEDICAL KNOWLEDGE (circle appropriate number and descriptor)

0 Not observed	1 Inadequate knowledge base	2 Marginal understanding of basic concepts and information	3- 3 3+ Articulates relevant basic science and pathophysiology for frequently encountered clinical conditions	4 5 Outstanding knowledge base at or above level of intern Comprehensive understanding of relevant concepts
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OVER

-----Evaluation Return Receipt----- (Tear here) -----

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Did you attending and/or resident spend time teaching? Who? Please add any other comments.

Slip given to: _____