



* indicates a mandatory response

LLU School of Medicine Pediatric Clinical Evaluation of Student

As a pediatric evaluator you are expected to provide detailed feedback on performance during the rotation. You should also provide the student with ongoing evaluation, formalized by the use of this form. The acronym "ORIM" summarizes a progression students should seek.

OBSERVER --> REPORTER --> INTERPRETER --> MANAGER

Freshman or sophomore students visiting on rounds appropriately focus on OBSERVATION skills.

At a minimum, junior students should accurately and consistently REPORT their findings.

Students should be encouraged to become INTERPRETERS.

A student who consistently and accurately reports his findings, interprets them and offers appropriate MANAGEMENT suggestions is achieving the highest set of goals for the clerkship.

You are not expected to assign grades or rank students. Instead, you should provide accurate feedback.

***FORMATIVE COMMENTS (For use by those who may counsel the student. Identify areas of strength and areas to be strengthened. Not for use in the Dean's Letter.)**

***SUMMATIVE COMMENTS (Usually included unedited in the Dean's Letter).**

For each area of evaluation, mark the box corresponding to how the student functioned. Qualities should be cumulative as level of function increases, e.g., if the last box is checked, it also implies exam is precise, detailed and that the student reports an accurate history. The Pediatric Clerkship Directors calculate grades.

DATA GATHERING

***Initial History/Interviewing Skill:**

- Inaccurate, major omissions, Social/Family/Dev. History routinely missed.
- Incomplete or unfocused. Significance of data not recognized and pursued. Accepts information without questioning.
- MS-3 Equivalent - Obtains and reports complete, reliable & clinically relevant history.
- MS-4 Equivalent - Precise detailed. Follows up psychosocial implications of patient's illness.
- Intern Equivalent - Resourceful, efficient. Consistently appreciates subtleties and recognizes significance. Insightful.

***Physical Examination:**

- Unreliable, alarms patient, superficial exam, poor techniques, does not recognize major physical findings.
- Incomplete or insensitive to patient comfort.
- MS-3 Equivalent - Accurate reporting of major physical findings. Appropriate developmental assessment.
- MS-4 Equivalent - Organized, focused, relevant, based on hx. Occasionally notes subtle findings.
- Intern Equivalent - Elicits subtle findings and accurately interprets consistently. Adapts approach to developmental stage of child.

DATA RECORDING/REPORTING

*Written Histories and Physicals:

- Inaccurate data or major omissions. Uses vague terms "WNL, appropriate, unremarkable".
- Poor flow in HPI. Lacks supporting detail, incomplete problem lists.
- MS-3 Equivalent - Accurate, complete, legible. Appropriate format.
- MS-4 Equivalent - Documents key information. Focused. Comprehensive.
- Intern Equivalent - Concise. Reflects thorough understanding of disease process and patient situation.

*Progress Notes/Clinic Notes:

- Not done and/or inaccurate information. Uses vague terms.
- Needs organization. Omits relevant data.
- MS-3 Equivalent - Reflects ongoing problems and plan.
- MS-4 Equivalent - Precise, concise, organized.
- Intern Equivalent - Analytical and complete.

*Oral Presentations:

- Consistently ill-prepared. Vague terms.
- Major omissions. Often includes irrelevant facts. Rambling.
- MS-3 Equivalent - Maintains format. Includes all basic information. Minimal use of notes.
- MS-4 Equivalent - Fluent, focused. Provides insight into case problems.
- Intern Equivalent - Tailored to situation (type of rounds). Poised. Explains thought process leading to diagnostic/therapeutic plan. Well organized.

*Admission Orders/Clinic Written Prescriptions:

- Not done or illegible.
- Inaccurate dosing, incomplete.
- MS-3 Equivalent - Complete, organized, accurate, signed, legible.
- MS-4 Equivalent - Orders/prescriptions contain diagnosis, student considers drug choices.
- Intern Equivalent - Orders reflect consideration of the disease process of patient, cost containment.

CLINICAL KNOWLEDGE

*General Medical Knowledge:

- Major deficiencies in knowledge base.
- Marginal understanding of basic concepts.
- MS-3 Equivalent - Demonstrates understanding of basic pathophysiology and epidemiology.
- MS-4 Equivalent - Thorough understanding of diagnostic approach. Demonstrates knowledge about alternative services and

their cost.

Intern Equivalent - Understands therapeutic interventions.

Broad-based.

***Knowledge Related to own Patients:**

Lacks knowledge to understand patient problems.

Inconsistent understanding of patient problems.

MS-3 Equivalent - Knows basic differential diagnosis of active problems in own patients.

MS-4 Equivalent - Expanded differential diagnosis. Can discuss minor problems.

Intern Equivalent - Broad textbook mastery or directed literature search. Knowledgeable regarding lab results, changes in PE and significance related to diagnosis and treatment.

DATA INTERPRETATION

***Analysis:**

Cannot interpret basic data.

Frequently reports data without analysis. Problem lists need improvement. Avoids reaching a conclusion.

MS-3 Equivalent - Constructs problem list. Develops reasonable differential diagnosis. Demonstrates reading in explaining basis for decision making.

MS-4 Equivalent - Consistently offers reasonable interpretation of data.

Intern Equivalent - Understands complex issues. Interrelates patient problems.

***Judgment:**

Poor judgment. Actions affect patient adversely.

Inconsistent prioritization of clinical issues.

MS-3 Equivalent - Appropriate patient care. Aware of own limitation.

MS-4 Equivalent - Diagnostic decisions are consistently reasonable.

Intern Equivalent - Insightful approach to management plan. Uses knowledge of key S & S, PE, frequency and prevalence of diseases.

PROFESSIONAL ATTITUDES

***Response to Instruction:**

Lack of improvement.

Inconsistent improvement. Avoids feedback.

Generally improves with feedback.

Rapidly and consistently improves with feedback. Seeks feedback.

Continued self-assessment leading to further growth.

***Self-Directed Learning (Knowledge and Skills):**

Unwilling. Lacks introspection. Unaware of own limitations.

Frequent prompting required. Does minimum requirements.

Reads appropriately. Aware of limitations. Seeks assistance when appropriate.

Good insight. Sets own goals. Seeks feedback. Seeks opportunities to learn.

Outstanding initiative. Consistently uses literature in developing diagnostic/management plans.

PROFESSIONAL DEMEANOR

***Reliability/Commitment:**

- Unexplained absences. Unreliable.
- Often unprepared or lackadaisical. Inconsistent or inaccurate.
- Fulfills responsibilities. Monitors active problems. Identifies new problems.
- Seeks responsibility. Vigilant, independent appraisal.
- Unusual dedication to patient care. Anticipates change, offers valid plan. Assumes responsibility for patients.

***Patient Interactions:**

- Avoids personal contact. Tactless.
- Occasionally insensitive. Inattentive.
- Empathetic. Develops rapport. (Parent/patient appropriate vocabulary.) Keeps family informed.
- Gains confidence and trust.
- Patients view as their physician. Sensitive to different cultural/ethical/socioeconomic factors.

***Response to Stress:**

- Inappropriate coping.
- Inflexible or loses composure easily.
- Appropriate adjustment.
- Flexible. Supportive.
- Outstanding poise. Constructive solutions. Mature coping skills.

***Working Relationships:**

- Antagonistic or disruptive. Unethical.
- Lack of consideration for others.
- Cooperative, productive member of own team. Ethical - listens to advice/criticism from staff, attendings, peers.
- Good rapport with other hospital/office staff.
- Establishes tone of mutual respect and dignity. Incorporates advice/feedback.

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
- No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
- No