

**The University of North Carolina School of Medicine
Ambulatory Care Selective Form 2A: Preceptor Evaluation of Student**

Student _____ Preceptor _____

Department _____ Dates of Selective _____ Site _____

Student's Guidelines for Use

1. Prior to arriving at your ACS site, complete the information in the box above and in Section I (below) and leave this information with your preceptor on the first day of the selective.
2. Discuss your performance and clinical experience with your preceptor both during and after completing the selective.
3. At the final discussion with your preceptor, you should determine whether you have accomplished the stated ACS objectives and your self-identified objectives. Major differences of opinion should be explored at that time. The discussion is intended to help you obtain insight into your development as a physician. Following the discussion, your preceptor will complete Sections II-V of this form.
4. On the last day of the selective, submit the completed Form 2A to your ACS Department Coordinator.

Preceptor's Guidelines for Use

1. After working with your Ambulatory Care Selective student for two weeks, meet with the student to review his/her performance using this form as a guide. Expect the student to participate in evaluating his/her own strengths and weaknesses and in developing a plan to remedy weaknesses.
2. During the last week of the selective, discuss with your student his/her performance and explore any major differences of opinion. Then complete sections II-V of this form. Please give the completed form to your student, and he/she will submit it to his/her ACS Department Coordinator on the last day of the selective.

I. Student's Self-Identified Objectives (This section is to be completed by the student.)

1. First student-identified clinical objective: _____

2. Second student-identified clinical objective: _____

SECTIONS II-V ARE TO BE COMPLETED BY THE PRECEPTOR.

II. Core Abilities. For items 1-15, please circle the box that contains the most accurate description of the student's skills and abilities.

1. Basic medical knowledge

Inadequate knowledge base to care for patients	Knowledge base has deficits that require attention	Incorporates knowledge of medicine to appropriately care for patients	Meets criteria for previous box. In addition, knows more than expected for student at this level of training	Meets criteria for previous box. In addition, knowledge base is excellent and dramatically exceeds expectations	Insufficient observation or data
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2. Elicits focused histories

Misses essential information; is disorganized or inconsiderate of patient's needs	Frequently asks too much or too little history. Identifies most problems but doesn't fully characterize them	Gets a complete and accurate history; able to identify scope of history to be taken	Meets criteria for previous box. In addition, skillfully interviews patients and characterizes problems in-depth	Meets criteria for previous box. In addition, history-taking is consistently precise, perceptive and organized	Insufficient observation or data
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3. Rapport and relationships with patients

Dramatic absence of patient-doctor communication skills	Sometimes establishes rapport with patients, but is often inept or inefficient	Good rapport, respected by patients and puts them at ease; compassionate and supportive	Meets criteria for previous box. In addition, quickly and easily earns trust and respect of patients, good listening skills, compassionate, engenders confidence	Meets criteria for previous box. In addition, superior rapport; very sensitive to patients' unstated needs; is patient advocate	Insufficient observation or data
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4. Performs focused physical exam

Consistently uses faulty technique, performs inappropriate exam, misses major findings	Frequently misses findings, and performs inappropriate or faulty exam	Performs exams of appropriate scope and accuracy within a reasonable time	Meets criteria for previous box. In addition, exam thorough, accurate, and timely; uncovers important findings	Meets criteria for previous box. In addition, exam superb, uncovering subtle and important findings	Insufficient observation or data
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5. Clinical tests and procedures

Doesn't understand indications for most procedures or lab tests	Knows indications of some procedures and tests	Understands indications for tests and procedures	Meets criteria for previous box. In addition, appropriately applies tests & - procedures	Meets criteria for previous box. In addition, exceptionally well-reasoned and individualized use of tests and procedures	Insufficient observation or data
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6. Differential diagnosis

Fails to identify major problems. Clinical reasoning markedly deficient	Differential often incomplete or reflecting incorrect or illogical reasoning	Assesses most problems with a generally well-reasoned differential	Meets criteria for previous box. In addition, differential reflects understanding of both pathophysiology and psychosocial issues	Meets criteria for previous box. In addition, differential reflects sophisticated reasoning and includes impact of illness on patient and family	Insufficient observation or data
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7. Incorporates health promotion and disease prevention education and counseling

Ignores all opportunities for prevention	Rarely includes preventive services; underestimates effect of patients' behaviors on risk	Appropriately considers age specific preventive services	Meets criteria for previous box. In addition, often includes prevention education; identifies patient's high risk behaviors and offers counseling	Meets criteria for previous box. In addition, consistently includes prevention education; identifies risks and readiness to change; skillful in counseling	Insufficient observation or data
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8. Management plans and follow-up

Treatment plans inadequate. Fails to recognize when urgent treatment indicated	Plan often neglects important components, including education and follow-up	Plans are appropriate, complete, timely, and accurately documented in patients' medical records	Meets criteria for previous box. In addition, plans better than average, including education, follow-up, and prevention	Meets criteria for previous box. In addition, plans are comprehensive reflecting individualization for patient's specific needs	Insufficient observation or data
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9. Communication of Patient Information

Not able to organize, summarize or explain clinical data orally and in writing	Has essential data, but not well organized or accurate	Reasonably accurate, relatively well organized	Meets criteria for previous box. In addition, accurate, succinct, comprehensive; reflects good grasp of clinical problem	Meets criteria for previous box. In addition, extremely well-organized; shows knowledge of subtle-issues	Insufficient observation or data
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10. Performs Advanced Interviewing and Counseling

Has limited insight into individuals. Avoids developing plans or is overly authoritarian.	Has capacity to handle most routine therapeutic interventions, although sometimes clumsily.	Approaches sensitive/difficult situations with tact, caring, and understanding.	Meets criteria for previous box. In addition, is especially insightful and able to elicit patient confidence and initiative.	Meets criteria for previous box. In addition, has exceptional intuition regarding patients' special needs and how to work effectively with behavior and emotions.	Insufficient observation or data
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11. Knowledge of psychosocial and family issues

Ignores psychosocial issues in patient care.	Underestimates importance of psychosocial and family issues	Appropriately considers social, psychological, and family issues	Meets criteria for previous box. In addition, displays understanding of interaction among patient, family and illness	Meets criteria for previous box. In addition, consistently uncovers subtle psychosocial nuances & appropriately addresses these in patient care	Insufficient observation or data
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12. Knowledge of community issues and population-based care

Unable to distinguish population from individual; unaware of community resources	Tends to underestimate or disregard population-based approaches	Appropriately considers community resources and population-based approaches	Meets criteria for previous box. In addition, uses community resources well; consistently applies population-based approaches	Meets criteria for previous box. In addition, fully and consistently integrates community and population issues into all appropriate aspects of patient care	Insufficient observation or data
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III. Professional Attributes

13. Initiative, responsibility, integrity, and thoroughness

Unreliable and shirks responsibility; uninterested	Sometimes late, not reliably able to complete responsibilities	Punctual, dependable, accepts responsibility, thorough	Meets criteria for previous box. In addition, seeks new responsibilities, always ahead of time, thorough	Meets criteria for previous box. In addition, initiates action to improve own performance and patient care, works independently as appropriate	Insufficient observation or data
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14. Professional relationships with colleagues, staff and attending

Disrespectful, rude and insensitive in office or hospital	Often fails to act collegially; communication unclear, incomplete, or disorganized	Communicates well; respectful, cooperative and collegial	Meets criteria for previous box. In addition, strong communication skills and professional demeanor	Meets criteria for previous box. In addition, mature and collegial; communicates expertly	Insufficient observation or data
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15. Accepts instruction and feedback

Actively rebuffs or avoids change. Doesn't recognize own limitations	"Chip on shoulder"; slow to change	Open to feedback and constructive criticism. Willing and able to change	Meets criteria for previous box. In addition, quick to pick up new skills and attitudes; very adaptable	Meets criteria for previous box. In addition, actively seeks feedback; grows with each encounter; learns from each mistake	Insufficient observation or data
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IV. Preceptor's Evaluation of Student's Progress on His/Her Self-Identified Clinical Objectives

1. First student-identified clinical objective (on the first page of this form.)

Achieved _____ Not Achieved _____

Comments?

2. Second student-identified clinical objective (on the first page of this form.)

Achieved _____ Not Achieved _____

Comments?

V. SUMMARY COMMENTS: This is AN ESPECIALLY VALUABLE PART of your evaluation of the student, and we appreciate the time you take to do this. Comments are especially important for any marginal or exceptional ratings.

STRENGTHS (If you felt this student was outstanding, please provide specific examples):

AREAS NEEDING IMPROVEMENT OR WORK (please include at least one item):

Reviewed with student _____ Not Reviewed with student _____ If not reviewed with student, please explain:

Signatures:

Preceptor _____ Student _____