

\* indicates a mandatory response

## UNC SCHOOL OF MEDICINE: CLERKSHIP CLINICAL PERFORMANCE EVALUATION

Please evaluate each student according to what is expected of a student at his/her level of training (at this point in his/her 3rd or 4th year). If a student is performing at the expected level, it is entirely appropriate to mark many behaviors in the middle column. Please select behaviors as observed.

### PATIENT CARE/CLINICAL SKILLS

|                           | Insufficient Observation or N/A | 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 | Skillfully interviews patients and carefully characterizes problems in depth | History-taking is consistently precise, perceptive, and well organized |
|---------------------------|---------------------------------|---|--|--------------------------------------|--|--|
| Elicits focused histories | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>                | <input type="radio"/>  | <input type="radio"/>  |

|   | Insufficient Observation or N/A | Consistently uses faulty technique, performs inappropriate exam, misses major findings | Frequently misses findings; performs inappropriate or faulty exam | Performs exams of appropriate scope and accuracy | Exam perceptive, thorough, accurate, and efficient | Exam superb, uncovering subtle and important findings |
|---|---------------------------------|--|---|--|--|---|
| Performs appropriate (clerkship specific) physical exam | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                            | <input type="radio"/>                              | <input type="radio"/>                                 |

|                                 | Insufficient Observation or N/A | Doesn't understand indications for most procedures or lab tests | Knows indications of some procedures and tests | Understands indications for tests and procedures | Suggests appropriate use of tests and procedures in relation to patient problems | Exceptionally well reasoned and individualized use of tests and procedures; aware of costs and testing characteristics |
|---------------------------------|---------------------------------|---|--|--|--|--|
| Diagnostic tests and procedures | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>                          | <input type="radio"/>                            | <input type="radio"/>  | <input type="radio"/>  |

|                        | Insufficient Observation or N/A | Fails to identify major problems. Clinical reasoning skills markedly deficient | Differential diagnosis often incomplete or reflecting incorrect or illogical reasoning | Assesses most problems with a generally well-reasoned differential diagnosis | Differential reflects understanding of pathophysiology and creative thought | Very thorough differential & sophisticated reasoning |
|------------------------|---------------------------------|--|--|--|---|--|
| Differential diagnosis | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>                                |

|                                | Insufficient Observation or N/A | Treatment plans inadequate. Fails to recognize when urgent treatment indicated | Plan often neglects important components, including education and follow-up | Plans are appropriate | Plans are complete and thoughtful | Plans reflect comprehensive appreciation of patient's experience of illness |
|--------------------------------|---------------------------------|--|---|-----------------------|-----------------------------------|---|
| Management plans and follow-up | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>             | <input type="radio"/>   |

|  |                                 |  |   |   |   |   |
|--|---------------------------------|--|---|---|---|---|
|  | Insufficient Observation or N/A | Ignores all opportunities for prevention | Rarely includes preventive services; underestimates effect of patients' behaviors on risk | Appropriately includes age-specific preventive services | Often includes prevention; adeptly identifies patients' high risk behaviors and offers counseling | Almost always includes prevention; identifies risks and readiness to change; skillful in counseling |
| Incorporates health promotion and disease prevention | <input type="radio"/>           | <input type="radio"/>                    | <input type="radio"/>   | <input type="radio"/>                                   | <input type="radio"/>   | <input type="radio"/>   |

## INTERPERSONAL AND COMMUNICATION SKILLS

|                    |                                 |   |   |  |   |  |
|--------------------|---------------------------------|---|---|--|---|--|
|                    | Insufficient Observation or N/A | Missing major pieces of information, inaccurate reporting | Have essential data, but not well organized or accurate | Reasonably accurate, relatively well organized | Accurate, comprehensive; reflect good grasp of clinical problem | Mature, succinct, well-presented showing knowledge of major and minor issues |
| Oral presentations | <input type="radio"/>           | <input type="radio"/>                                     | <input type="radio"/>                                   | <input type="radio"/>                          | <input type="radio"/>   | <input type="radio"/>  |

|               |                                 |  |   |  |   |  |
|---------------|---------------------------------|--|---|--|---|--|
|               | Insufficient Observation or N/A | Not able to organize, summarize or explain clinical data | Have essential data, but not well organized or accurate | Reasonably accurate, relatively well organized | Accurate, comprehensive; reflect good grasp of clinical problem | Mature, subtle, well-written showing knowledge of major and minor issues |
| Written notes | <input type="radio"/>           | <input type="radio"/>                                    | <input type="radio"/>                                   | <input type="radio"/>                          | <input type="radio"/>   | <input type="radio"/>  |

|  |                                 |   |  |  |   |  |
|--|---------------------------------|---|--|--|---|--|
|  | Insufficient Observation or N/A | Avoids personal contact with patients and families; tactless, rude or insensitive | Occasionally insensitive or inattentive; not trusted as advocate; sometimes uses terms the patient cannot understand | Establishes good rapport with patients; puts patients at ease; avoids medical jargon | Quickly earns trust and respect; good listening skills; engenders confidence; able to deal with more difficult/sensitive situations | Outstanding rapport; very sensitive to patients' unstated needs; strong patient advocate; actively seeks to handle difficult situations/topics |
| Communicates effectively, empathetically and builds rapport with patients and families | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

|   |                                 |   |  |                                       |   |   |
|---|---------------------------------|---|--|---------------------------------------|---|---|
|   | Insufficient Observation or N/A | Disrespectful, rude and insensitive in office or hospital | Often fails to act collegially; communication unclear, incomplete, or disorganized | Respectful, cooperative and collegial | Quickly earns trust and respect; engenders confidence; works well as part of team | Extremely mature and collegial; communicates expertly; seems like a partner |
| Communicates effectively and maintains collegial rapport with medical personnel | <input type="radio"/>           | <input type="radio"/>                                     | <input type="radio"/>  | <input type="radio"/>                 | <input type="radio"/>   | <input type="radio"/>   |

## MEDICAL KNOWLEDGE

|                         |                                 |  |  |   |  |   |
|-------------------------|---------------------------------|--|--|---|--|---|
|                         | Insufficient Observation or N/A | Inadequate knowledge base to care for patients | Knowledge base has deficits that require attention | Incorporates knowledge of medicine to care for patients appropriately | Knows significantly more than expected for student at this level of training | Knowledge base is extraordinary and dramatically exceeds expectations |
| Basic medical knowledge | <input type="radio"/>           | <input type="radio"/>                          | <input type="radio"/>                              | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

|   |                                 |  |   |  |  |   |
|---|---------------------------------|--|---|--|--|---|
|   | Insufficient Observation or N/A | Ignores psychosocial issues in patient education | Underestimates importance of psychosocial and family issues | Appropriately considers social, psychological, and family issues | Understands relationship of psychosocial issues with disease process | Fully integrates psychosocial and family issues |
| Knowledge of psychosocial and family issues | <input type="radio"/>           | <input type="radio"/>                            | <input type="radio"/>                                       | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>                           |

## PROFESSIONALISM

|   |                                 |   |  |  |   |   |
|---|---------------------------------|---|--|--|---|---|
|   | Insufficient Observation or N/A | Unreliable; dishonest; shirks responsibility; uninterested; commitment uncertain; dresses inappropriately | Sometimes late, not reliably able to complete assignments or tasks | Punctual, dependable, accepts responsibilities | Diligently fulfills responsibilities and seeks new responsibilities | Extremely conscientious and reliable; initiates actions to improve own performance and patient care; trusted to work independently but knows limits |
| Exhibits behaviors that demonstrate integrity | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>                          | <input type="radio"/>   | <input type="radio"/>   |

|  |                                 |  |   |  |  |   |
|--|---------------------------------|--|---|--|--|---|
|  | Insufficient Observation or N/A | Unable to comprehend the point of view and emotional state of other people; judgmental of others; fails to recognize and respect cross-cultural and gender differences | Rarely considerate of feelings and emotional needs of others; sometimes judgmental. | Appropriately shows concern for others feelings and interacts accordingly; recognizes and respects cross-cultural and gender differences | Has genuine concern for patients' emotional needs; spends time listening empathetically; motivated by kindness | Relationships characterized by genuine kindness and consideration; able to create a relaxed environment where others can share feelings; listens empathetically and non-judgmentally, tries to feel and understand the suffering of others. |
| Exhibits behaviors that demonstrate compassion | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   |

|                                  |                                 |  |                                    |  |   |   |
|----------------------------------|---------------------------------|--|------------------------------------|--|---|---|
|                                  | Insufficient Observation or N/A | 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 improve with feedback | Seeks feedback and improves rapidly; quick to pick up new skills and attitudes; adaptable | Continuous self reflection leads to growth with each encounter; integrates feedback immediately |
| Accepts instruction and feedback | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>              | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   |

## PRACTICE-BASED LEARNING

|                        |                                 |   |   |   |  |   |
|------------------------|---------------------------------|---|---|---|--|---|
|                        | Insufficient Observation or N/A | Fails or refuses to read, study or investigate; makes no effort to improve knowledge and skills | Reads only when asked; uses inappropriate sources | Looks up clinical data appropriately and reads about patients daily; accepts ownership for self-education | Reads more broadly than patients' problems; applies reading to discussions; sets own goals | Reads extensively; integrates knowledge well into issues discussed; communicates findings and educates others |
| Self-directed learning | <input type="radio"/>           | <input type="radio"/>   | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

## SYSTEMS-BASED PRACTICE

|                        |                                 |  |   |   |  |  |
|------------------------|---------------------------------|--|---|---|--|--|
|                        | Insufficient Observation or N/A | Unable to discuss how systems of care (e.g., information tools, care coordination within a broader health care team) influence the health of individual patients | Has a basic understanding of systems of care but inconsistently applies understanding to patient care | Has a basic understanding of systems of care and generally uses understanding to develop management plans for individual patients | Takes initiative to use systems of care to improve the health of individual patients | Has a sophisticated understanding of systems of care and can maximize systems to improve the health of individual patients |
| Systems-based practice | <input type="radio"/>           | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>  |

COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter):

FORMATIVE COMMENTS (for use as guidance for professional development or to explain any low ratings in the above evaluation - will NOT be included in summary or Dean's Letter):

How many days did you spend with this student?

 [positive number only, no decimals]

**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

- \*Are you in agreement with this assessment?
- Yes
- No

Please enter any comments you have (if any) on this evaluation.