

UNC SCHOOL OF MEDICINE - Medical Student Clinical Progress Report

STUDENT NAME & I.D. NUMBER	CLERKSHIP OR ELECTIVE & SITE	DATES OF ASSIGNMENT
• FUND OF KNOWLEDGE		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Medical knowledge is clearly below acceptable standard. Lacks the knowledge necessary to deal with common clinical problems.	<input type="checkbox"/> Medical knowledge is marginal. Information base is adequate in some areas, but deficits exist regarding some important clinical problems.
		<input type="checkbox"/> Medical knowledge is necessary and adequate to deal with common clinical problems.
		<input type="checkbox"/> Medical knowledge is broad and deep. Displays unusual insight into common and uncommon clinical problems.
• DATA GATHERING		
<input type="checkbox"/> Not observed	<input type="checkbox"/> History and physical examination are incomplete or inaccurate. Important data are frequently not obtained.	<input type="checkbox"/> History and physical examination are usually complete and accurate. Occasionally, important data are not obtained.
		<input type="checkbox"/> History and physical examination are complete and accurate. Important data are obtained.
		<input type="checkbox"/> History and physical examination are comprehensive, thorough, and precise.
• DATA ASSESSMENT		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Frequently has difficulty integrating and interpreting history and physical examination data when developing problem list.	<input type="checkbox"/> Occasionally has difficulty integrating and interpreting history and physical examination data when developing problem list.
		<input type="checkbox"/> Accurately integrates and interprets history and physical examination data when developing problem list. Accurately judges his/her own competence to perform various components of the plan.
		<input type="checkbox"/> Accurately and efficiently integrates and interprets history and physical examination data. Synthesized information to arrive at a concise problem list.
• ABILITY TO LEARN INDEPENDENTLY		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Shows little evidence of outside reading about patient problems. Relies exclusively on ward experience to increase fund of knowledge. Has difficulty researching assigned topics.	<input type="checkbox"/> Requires considerable direction or encouragement to read the standard literature pertinent to patient problems. Reviews assigned topics in standard textbooks but has difficulty using other sources of information.
		<input type="checkbox"/> Assumes responsibility for reaching standard literature pertinent to patient problems. Satisfactorily reviews topics in standard textbooks and in selected articles.
		<input type="checkbox"/> Always reads extensively (scope and depth) in the literature pertinent to patient problems. Actively seeks educational rounds and conferences. Has superior ability to research clinical topics.
• DIAGNOSTIC & THERAPEUTIC SKILLS - CLINICAL JUDGEMENT		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Plans for diagnostic tests, consultation (if needed), and therapeutic program are clearly deficient. Frequently overlooks key aspects of diagnosis and management. Clinical judgement is poor.	<input type="checkbox"/> Plans for diagnostic tests, consultation (if needed), and therapeutic program are somewhat incomplete. Occasional deficiencies are noted. Clinical judgement is weak.
		<input type="checkbox"/> Plans for diagnostic tests, consultation (if needed), and therapeutic program are complete and accurate. Clinical judgement is good.
		<input type="checkbox"/> Plans for diagnostic tests, consultation (if needed), and therapeutic program are unusually astute for a third/fourth year student. Clinical judgement is superior.
• PROCEDURAL SKILLS		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Has difficulty using proper technique (e.g., awkward with equipment, bypasses steps). Fails to prepare equipment before procedure and has difficulty with timing or coordination.	<input type="checkbox"/> Occasionally has difficulty using proper technique (e.g., awkward with equipment, bypasses steps). Sometimes fails to prepare equipment before procedures and has difficulty with timing and coordination.
		<input type="checkbox"/> Uses proper procedural technique. Organizes equipment prior to procedure. Timing is smooth and coordinated.
		<input type="checkbox"/> Exhibits great facility with clinical technique. Adroitly uses equipment and conforms completely with accepted procedural steps.
• PERSEVERANCE IN PATIENT CARE		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Fails to monitor patient response to treatment and make indicated adjustments after initial work-up. Medical record entries frequently late, illegible or omitted.	<input type="checkbox"/> Does not always monitor patient response to treatment or make indicated adjustments after initial work-up. Occasional voids in the medical record.
		<input type="checkbox"/> Monitors patient response to treatment and adjusts as indicated after initial work-up. Maintains neat and accurate medical records at appropriate intervals.
		<input type="checkbox"/> Closely monitors patient response to treatment after initial work-up and makes astute adjustments if indicated. Maintains unusually clear and comprehensive medical records.
• COLLABORATION WITH OTHER HEALTH PROFESSIONALS		
<input type="checkbox"/> Not observed	<input type="checkbox"/> Generally does not cooperate with other health professionals, e.g., nurses, ward clerks, laboratory technicians, residents, attendings, and fellow students or does not respect their professional roles.	<input type="checkbox"/> With some exceptions, cooperates with other health professionals and respects their professional roles.
		<input type="checkbox"/> Works cooperatively with other health professionals and respects their professional roles, e.g., seeks their involvement in team discussions and planning, requests help from other members of the health care team.
		<input type="checkbox"/> Elicits and contributes to full cooperation among health professionals. Treats other health professionals as colleagues, e.g., seen as contributing to morale of other members.

• **RELATIONSHIP WITH PATIENTS**

<input type="checkbox"/> Not observed	<input type="checkbox"/> Avoids personal contact with patients and their families, is frequently tactless and inattentive to patient needs.	<input type="checkbox"/> Has deficient skills in grasping and dealing with emotional and personal needs of patients and their families.	<input type="checkbox"/> Is skillful in understanding and dealing with the emotional and personal needs of patients and their families, e.g., carefully explains care and regularly spends time with patients and families.	<input type="checkbox"/> Exerts a very constructive influence on the outlook of assigned patients and enjoys the confidence of their families, e.g., student sustains hope in patients.
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• **RESPONSE TO STRESSFUL SITUATIONS**

<input type="checkbox"/> Not observed	<input type="checkbox"/> Does not cope with even moderately stressful events, such as high work load or crises in patient care, e.g., leaves the "scene," cannot complete expected tasks in organized fashion, complains, becomes sullen, and/or loses temper in stressful situations.	<input type="checkbox"/> Has occasional difficulty with stressful events. Has been known to lose professional composure and personal self control.	<input type="checkbox"/> Displays appropriate adjustment to stressful circumstances. Typically has good professional composure and maintains poise, e.g., continues to remain organized and contribute to patient care.	<input type="checkbox"/> Maintains personal and professional composure even under circumstances of extreme stress. Always exhibits self control and shows constructive initiative in stressful situations, e.g., offers solutions for organizing the work of others in crisis situations.
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• **COMMUNICATION SKILLS**

<input type="checkbox"/> Not observed	<input type="checkbox"/> Unable to present medical information in an organized, concise, and accurate manner. Progress notes are occasionally incomplete or inaccurate.	<input type="checkbox"/> Some deficiencies in presenting information in an organized, concise, and accurate manner. Progress notes are occasionally incomplete or accurate.	<input type="checkbox"/> Presents medical information in an organized, concise, and accurate manner. Progress notes are clear, comprehensive, and fully portray the condition of the patients.	<input type="checkbox"/> Superior presentations of medical information that provide unusual insights into patients' medical histories. Progress notes summarize and intelligently interpret all aspects of patient care.
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• **MOTIVATION AND EFFORT**

<input type="checkbox"/> Not observed	<input type="checkbox"/> Frequent deficits in interest, motivation, and effort in regard to performance of clinical responsibilities.	<input type="checkbox"/> Marginal displays of interest and motivation in relation toward activities. Effort varies such that clinical responsibilities are not always fulfilled.	<input type="checkbox"/> Interests, motivation, and effort are sufficient to perform clinical responsibilities in a satisfactory fashion.	<input type="checkbox"/> Displays unusual enthusiasm for ward activities. Exemplary interest, motivation, and effort allow fulfillment of clinical responsibilities beyond normal expectations.
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NARRATIVE COMMENTS: Additional comments that have been or should be communicated directly to the student for use in his/her self-evaluation, e.g., praise of unique contribution and/or constructive comments on deficiencies.

Comments that summarize student performance in the rotation (to be used in the Dean's letter of recommendation).

GRADE: FAIL PASS HIGH PASS HONORS

Has this evaluation been discussed with the student? YES NO

Reported by Position Date

Return form to: Leanne McSwain, UNC School of Medicine, 231 MacNider Building, CB #7000, Chapel Hill, NC 27599