**CLINICAL SKILLS SECTION**

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| **I. CLINICAL KNOWLEDGE AND SKILLS** | **1** | **2** | **3** | **4** |
| **Know ledge in Subject** **Area:** Includes level of knowledge and application to clinical problems. |  Never demonstrates an understanding of basic principles. Never applies knowledge to specific patient conditions |  Inconsistently demonstrates understanding of basicprinciples. Inconsistently applies knowledge to specific patient conditions. |  Generally demonstrates understanding of basic principles. Generally applies knowledge to specific patient conditions. |  Often demonstrates understanding of basic and some complexprinciples. Often applies knowledge to specific patient conditions. |
| **Data Gathering Skills:** Includes basic history and physical examination. |  Never obtains basic history and physical |  Inconsistently obtains basic history and physical. |  Generally obtains basic history and physical. |  Often obtains basic history and physical. Obtains some elements of more advanced history and physical |
| **Clinical Skills:**Includes oral case presentations, written or dictated notes, histories, physical exams and procedural skills. |  Never communicates medical histories and physical exams in anorganized or complete manner. Not attentive to patient comfort or dignity and demonstrates poor motor skills. |  Inconsistently communicates medical histories and physicalexams in an organized or complete manner Inconsistently demonstrates good motor skills andinconsistently attentive to patient comfort or dignity. |  Generally communicates medical histories and physicalexams in an organized or complete manner.Generally demonstrates good motor skills and generally attentive to patient comfort or dignity. |  Often communicates medical histories and physical exams in anorganized or complete manner.Often demonstrates good motor skills and often attentive to patient comfort or dignity. |

**COMMENTS:**

**I. CLINICAL KNOWLEDGE AND SKILLS (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavio**

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| **II. Patient Care Skills** | 1 | 2 | 3 | 4 |  |
| **Integration Skills:**Includes problem-solving skills, ability to use data from patient interview, physicalexamination, and ancillary tests to identify major and minor patient problems in anorganized and efficient manner. |  Never independently identifies major patient problems. Unable to problem solve and organize issues efficiently. |  Inconsistently able to independently identify and prioritize major problems. Inconsistently able to problem solve and organize efficiently. |  Generally able to independently identify and prioritize major problems. Generally able to problem solve and organize efficiently. |  Often is able to identify and prioritize all major and most minor patient problems. Often is able to problem solve and organize efficiently. |  |
| **Management Skills:**Includes order writing, initiative, practicality, and independence. |  Never offers an independentmanagement plan or plan is unrealistic or illogical. |  Inconsistently offers an independent management planand/or plan is often unrealistic or illogical. |  Generally offers an independent management plan thatis realistic and logical. |  Often offers an independent management plan thatis logical and realistic. |  |
| **Patient Centered Care****(PCC):** Skills including:1.Elicits and negotiates agenda for the patient;2. Elicits the patient’sperspective of their illness; and3.Negotiates treatment plan with the patient |  Never elicits and negotiates agenda with patients. Never elicits the patient’s perspective of his/her illness. Never negotiates treatment plan with the patient. Never integrates biomedical and psychosocialperspective into care plan and patient management |  Inconsistently elicits and negotiates agenda with patients. Inconsistently elicitsthe patient’s perspectiveof his/her illness. Inconsistently negotiates treatment plan with the patient. Inconsistently integrates biomedical and psychosocialperspective into care plan and patient management. |  Generally elicits and negotiates agenda for the patient. Generally elicits the patient’s perspective of his/her illness. Generally negotiates treatment plan with the patient. Generally integrates biomedical and psychosocialperspectives into care plan and management of the patient. |  Often elicits and negotiates agenda with the patient. Often elicits the patient’s perspective of his/her illness. Often negotiates treatment plan with the patient. Often integrates biomedical and psychosocialperspectives into care plan and management. |  |

**COMMENTS:**

II. **Patient Care Skills (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavior across other Sub-Is**

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| **Relationships** | 1 | 2 | 3 | 4 |
| **Communication Skills:** Student’s ability to communicate withpatients, families, colleagues, and staff; Includes ability to modify communication style and ability to listen and constructively resolves conflicts. |  Never communicates information effectively Never has an awareness to modifycommunication style and content to situation. Unable to establish rapport. Unable to listen and be silent. Never culturally proficient. |  Inconsistently communicates information effectively. Inconsistently has an awareness to modify communication style andcontent to situation. Inconsistently able to establish rapport. Inconsistently able to listen and be silent. Inconsistently culturally proficient. |  Generally communicates information effectively Generally modifies communication style and content to situation. Generally able to establish rapport. Generally able to listen and be silent. Generally culturally proficient. |  Often communicates information. Often modifies communication style and content to the situation. Often able to establish rapport. Often able to listen and b silent. Often culturally proficien |
| **Relationships with****Patients and****Families:** Includes courtesy, empathy, respect, compassion and understanding the patient’s perspective. |  Disrespectful, indifferent, callus, discourteous or condescending. Does not solicit the patient‘s perspective. Imposes own personal values on patient when in conflict with their own. Violates HIPPA including patient confidentiality. Inappropriate boundaries. Exhibits behavior that is potentially harmful to patients |  Inconsistently shows respect, empathy and compassion. Inconsistently solicits the patient’s perspective. Inconsistently respects patient’s values or imposes own personal values onpatient when in conflict with their own. |  Generally demonstrates respect, empathy and compassion. Generally solicits the patient’s perspective. Generally respects the patient’s values, evenwhen in conflict with their own. |  Often demonstrates respect, empathy and compassion. Often able to solicit the patient’s perspective. Often respects the patient’s values even when in conflict with theiown. |
| **Professional****Relationships:** Ability to work collaboratively with team members including faculty staff and other students; courteous and cooperative attitude. Maintains composure in times of stress. |  Never collaborates and/or establish appropriate relationships with team Not compassionate when interacting with team. Never clarifies expectations or clinical responsibilities. Inappropriate boundaries. Disrespectful, indifferent, callus, discourteous or condescending. |  Inconsistently collaborates and/or establishes appropriate relationships with team. Inconsistently respects the roles of team members within and acrossspecialties Rarely is compassionate when interacting with team. |  Generally collaborates and establishes appropriate relationships with team.Generally recognizes andmembers within and across specialties. Generally is compassionate when interacting with team. |  Collaborates well with entire team. Always recognizes and respects roles of team members within andacross specialties. Often compassionate when interacting with team. |

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respects roles of all team

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| **IV. Personal****Characteristics** | 1 | 2 | 3 | 4 |  |
| **Educational Attitudes:** Includes active participation in learning, self-reflection and responsiveness to feedback and provides respectful and constructive feedback |  Never does what is required. Does not respond appropriately to feedback. Never reflects on their own knowledge base. Never participates in educational experiences Is not actively engaged in learning. Argumentative or hostile with feedback. Values self above others, sense of entitlement. Engages in destructive competition Feedback provided to others is not respectful. |  Inconsistently does what is required. Inconsistently responds appropriately to feedback. Inconsistently reflectson their own knowledgebase. Inconsistently participates in educational experiences Inconsistently is actively engaged in learning. |  Generally does what is required. Generally responds appropriately to feedback. Generally able to reflect on their own knowledge base. Generally participates in educational experiences. Generally is actively engaged in learning. |  Often does what is required and often seeks additionallearning opportunities beyond required level. Often seeks feedback and responds appropriately. Often is able to reflecton their own knowledgebase. Often participates in educational experiences. Consistently and actively engaged in learning. |  |
| **Dependability and****Responsibility:**Includes attendance, preparation, and personal appearance. Maintains personal honor and integrity |  Frequently late without a legitimate reason or unprepared Never follows through with assigned tasks. Not trusted to work independently. Dishonest in any way. Does not maintain appropriate appearance. Absent without an excuse Erratic or unpredictable behavior. |  Occasionally late or unprepared. Inconsistently follow through with assigned tasks. |  Generally on time and prepared. Generally follows through with assigned tasks. |  Always on time and prepared. Follows through with assigned tasks and often volunteers additional effort to follow through with patient care. Consistently trusted to work independently and knows limits and asks for help when needed. |  |

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**FAMILY MEDICINE SUB-INTERNSHIP FEEDBACK AND EVALUATION FORM**

**Time Spent with Student** Little or no contact

Sporadic and superficial

Infrequent but in-depth

Frequent and in-depth

**Overall Assessment of**

**Performance.** Unacceptable level of performance (Fail)

Below expected performance for level (Marginal)

At expected performance for level (Pass)

Exceeds expected performance for level (High Pass)

Exceptional (Honors)

**Evaluator Concern** Check if there is/are area(s) of particular concern, but failing grade is not given. Areas receiving “Below Expectations“ should be considered as

potential areas of concern. Please describe the area of concern or contact

sub-internship site coordinator for details.