

MID EVALUATION

Loyola University Stritch School of Medicine Inpatient Required Subinternship Selective Evaluation

Student Name: _____

Site: _____

Faculty Signature: _____

Please complete the following evaluation of the medical student and indicate (by circling) whether you feel they are pre-entrustable or entrustable (i.e., ready for internship) for each of the following AAMC entrustable professional activities. They do not have to be entrustable in all EPAs to pass the rotation. Please provide meaningful feedback and strategies for improvement in your face to face feedback session at the end of their rotation.

EPA 1: Gather a history and perform a physical examination

Day 1 residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter.

Pre-Entrustable

- Obvious errors
- Cannot filter/prioritize/synthesize information or integrate prior knowledge
- Decisions not based on evidence
- Poor physical exam

Entrustable/Ready for Residency

- Accurate and focused but complete history with application of prior knowledge
- Uses prior knowledge and patient centered approach
- Professional
- Finds and documents abnormal findings accurately
- Knows limitations and when to ask for help

N/A

unable to assess

EPA 2: Prioritize a differential diagnosis following a clinical encounter

To be prepared for the first day of residency, all physicians need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis.

Pre-Entrustable

- Differential too broad
- Differential too narrow
- Rigid templated approach
- Overly reliant on supervisors OR creates and carries out management plans without supervisor approval
- May not recognize own limitations

Entrustable/Ready for Residency

- Can avoid most errors of clinical reasoning
- Management plan usually tailored to differential
- Understands own limitations
- Comfortable with some ambiguity and can respond to questions 'on the fly'
- Clinical reasoning evident in documentation

N/A

unable to assess

EPA 3: Recommend and interpret common diagnostic and screening tests

This EPA describes the essential ability of the day 1 resident to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting

Pre-Entrustable

- Recommended investigations are too general and not prioritized to specific patient or differential diagnosis (often without good rationale)
- Shared decision making is limited
- Misinterprets minor abnormalities in labs
- Misses important or urgent abnormal results

Entrustable/Ready for Residency

- Initial workup related to working diagnosis with rationale when asked
- Methodically reviews and interprets results and interprets cause/urgency of abnormalities correctly
- Asks for help when needed
- Notices/attempts to interpret unexpected results

N/A

unable to assess

EPA 4: Enter and discuss orders and prescriptions

Writing safe and indicated orders is fundamental to the physician's ability to prescribe therapies or interventions beneficial to patients. It is expected that physicians will be able to do this without direct supervision when they matriculate to residency.

Pre-Entrustable

- Clinical knowledge not applied to orders and prescriptions and does not communicate with team prior to ordering
- Overconfident without having proper rationale for orders
- Protocols not followed
- Recurring errors not corrected with feedback
- Limited skill with medication verification

Entrustable/Ready for Residency

- Incorporates all important information before placing orders
- Approach is stepwise and incorporates test results
- Communicates next steps with patient along with risks/benefits, and alternatives
- Uses protocols appropriately
- Utilizes safety alerts in Epic
- Seeks help when needed

N/A

unable to assess

EPA 5: Document a clinical encounter in the patient record

Entering residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats.

Pre-Entrustable

- Standard templates which are not focused or updated
- Documentation not completely in a timely manner with significant omissions (or too much data) in notes
- Clinical reasoning not reflected in notes and lacks documentation of plans and communication with patient

Entrustable/Ready for Residency

- Documentation adapted to audience and purpose, completed in a timely manner, and comprehensive but brief
- Findings and test results accurately recorded and clinical reasoning documented adequately including documentation of discussion with patient and patient preferences

N/A

unable to assess

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<p>EPA 6: Provide an oral presentation of a clinical encounter <i>Entering residents should be able to accurately present a summary of a patient's clinical course to the health care team as well as patients and their families so that everyone understands the patient's current condition.</i></p>	<p><input type="checkbox"/> Pre-Entrustable</p> <ul style="list-style-type: none"> • Follows rigid template not tailored to specific audience or patient • Not organized around the primary problem • Fails to retrieve requested information • Demonstrates over/under confidence, confabulates or becomes defensive during presentation 	<p><input type="checkbox"/> Entrustable/Ready for Residency</p> <ul style="list-style-type: none"> • Accurate, concise, prioritized and organized presentation • Skilled communicator who tailors presentation for audience (avoids unnecessary medical jargon when speaking to patient and family members) • Does not shy away from difficult or uncertain issues • Looks up additional information when appropriate 	<p><input type="checkbox"/> N/A unable to assess</p>
<p>EPA 7: Form clinical questions and retrieve evidence to advance patient care <i>Entering residents should be able to identify key clinical questions in caring for patients, identify information resources and retrieve information and evidence that will be used to address those questions. Day 1 residents should have a basic knowledge of how to critique the quality of evidence and assess the applicability to their patients and the clinical context.</i></p>	<p><input type="checkbox"/> Pre-Entrustable</p> <ul style="list-style-type: none"> • Unaware of knowledge limitations • Unable to advance beyond knowledge to higher level questions/problem solving • Limited ability to retrieve or critique the evidence • Jumps to conclusions too early 	<p><input type="checkbox"/> Entrustable/Ready for Residency</p> <ul style="list-style-type: none"> • Able to identify knowledge and information gaps in patient care • Produces appropriate clinical questions and identifies evidence to answers these questions • Able to critique the evidence and assess applicability to patient care • Uses information technology appropriately 	<p><input type="checkbox"/> N/A unable to assess</p>
<p>EPA 8: Give or receive a patient handover to transition care responsibility <i>An entering resident should be able to give handoff to another inpatient provider (ICU team to floor team or vice versa), to an outpatient provider (from inpatient team to PCP) or to a family member who will be caring for the patient at home.</i></p>	<p><input type="checkbox"/> Pre-Entrustable</p> <ul style="list-style-type: none"> • When giving the handoff to another team/provider, does not deliver a standardized/prioritized format, omits important information regarding patient care • When receiving handoff, does not ask clarifying questions, anticipate patient events or verbalize understanding 	<p><input type="checkbox"/> Entrustable/Ready for Residency</p> <ul style="list-style-type: none"> • Follows standard format (illness severity/action and contingency plans) but adapts format to specific patient/team or context • Prioritizes information for the recipient • When receiving handoff, actively listens, asks clarifying questions and closes the loop with a summary • Able to write an accurate transfer or discharge summary that accurately summarizes hospital course and follow-up plans 	<p><input type="checkbox"/> N/A unable to assess</p>
<p>EPA 9: Collaborate as a member of an interprofessional team <i>Entering residents should be able to work and communicate well with all members of the healthcare team (including other physicians, social work and nursing).</i></p>	<p><input type="checkbox"/> Pre-Entrustable</p> <ul style="list-style-type: none"> • Infrequently communicates with patient's nurse and/or team social worker • Does not take into account workload of other team members and infrequently offers to help or take on more work • Unable to communicate clinical question when calling for consultation • Defensive when receiving feedback 	<p><input type="checkbox"/> Entrustable/Ready for Residency</p> <ul style="list-style-type: none"> • Communicates plan of care with the patient's nurse • Enlists assistance from the team's social worker to facilitate discharge planning • Able to articulate a concise clinical question when requesting a consultation • Appropriately asks whether other team members need help • Notifies team members when a patient's status changes • Gives and asks for feedback 	<p><input type="checkbox"/> N/A unable to assess</p>
<p>EPA 10: Recognize a sick patient and initiate eval and management <i>This EPA calls for the day 1 residents to be able to recognize a patient who requires urgent or emergent care, initiate evaluation and call for assistance from senior team members</i></p>	<p><input type="checkbox"/> Pre-Entrustable</p> <ul style="list-style-type: none"> • Delays asking for help due to minimal insight into personal limitations • Dismisses other physicians' concerns about a deteriorating patient • Fails to notice a change in vital signs or symptoms that signal impending deterioration 	<p><input type="checkbox"/> Entrustable/Ready for Residency</p> <ul style="list-style-type: none"> • Recognizes personal limitations and knows when higher level of care is needed • Immediately seeks help from senior team members to manage deteriorating patients • Able to recognize changes in vital signs or signs/symptoms that signal impending respiratory or cardiovascular collapse • Quickly initiates interventions and testing to stabilize the patient 	<p><input type="checkbox"/> N/A unable to assess</p>

Student Signature: _____

Date: _____

Faculty Signature: _____