

[ ] I attest that I have not previously provided health service to this student. (Please confirm with an X)

### Clinical Performance Evaluation Form CLK-120

#### CLK-120

Student:

Sites:

Comments:

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Faculty/Resident Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PC2 - Gather essential and accurate information about patients and their condition through history, physical examination, and the use of laboratory data, imaging, and other tests (2.1) – Circle box which most describes student’s clinical performance.

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
Information unreliable, omissions, disorganized approach	Limited prioritizing of findings, incorrectly performing physical exam maneuvers	Information with some omissions, connecting information to existing factual knowledge, demonstrates patient centered information gathering	Prioritizes information, with most pertinent positives and negatives, performs basic physical exam maneuvers correctly	Gathers focused information in urgent, emergent or consult setting, identifies alternative sources of information

PC4 - Interpret laboratory data, imaging studies, and other tests required for the area of practice (2.1)

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
Unable to interpret data	Provides list of standard labs/imaging, unable to prioritize/provide rationale for ordering	Provides initial plan for lab/imaging, targeted to working diagnosis, occasionally misinterprets data, may fail to recognize urgency of abnormalities	Consistently interprets data accurately, provides rationale for each test	Identifies urgent values without assistance, provides clear rationale for recommendations

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PBL1,5 - Identify strengths, deficiencies, and limits in one's knowledge and expertise, Incorporate feedback into daily practice (4.1, 4.3)

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
No insight/reflection into limitations, does not recognize when help required	Defensiveness with feedback, limited incorporation into practice	Solicits feedback, can recognize self limitations, some incorporation of feedback into daily practice (transient change in behavior)	Routinely solicits feedback, actively reflects, recognizes limitations, appropriately requests help	Routinely reflects on suboptimal practices, makes positive behavior changes

ICS1 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds (3.2)

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
Does not engage family or patient, inattentive to needs	Unidirectional communication, mostly template based, respects patient preferences when told, avoids difficult conversations	Actively engages patient and family in discussions, avoids medical jargon, will solicit and respect patient preferences	Adapts to patient's situational needs, uses different techniques (teach back) to ensure understanding	Actively engages family and patient in shared decision making, bidirectional communication

ICS2 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies (see also interprofessional collaboration competency (IPC) 7.3) (3.3/7.3)

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
Fails to communicate with other team members (does not answer page, etc)	Communication rigid, little insight into situation, avoids difficult conversations	Active listener, engages team members (including supervisor), Discusses plans, keeps team up to date on activities	Can participate in unfamiliar situations, engages others, even with difficult conversations	Effective communicator with difficult/uncomfortable conversations

P1 - Demonstrate compassion, integrity, and respect for others (5.1)

No Capacity to Act	Safe with Direct Observation	Safe with Direct Observation	Safe with Indirect Observation	Safe in Teaching Capacity
Disrespectful interactions, does not tell truth, generates conflicts	Needs to be reminded of proper conduct, difficulty modifying behavior, especially with stress/fatigue	Demonstrates professional conduct, tells truth, respectful interactions	Remains professional with stress and fatigue, does not need reminders to modify behavior	Professional conduct in all circumstances, understands own triggers for lapses

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SAMPLE