Loyola University Chicago Stritch School of Medicine Inpatient Pediatrics Evaluation

| STUDENT NAME: | | DATES: | | SITE: | | | | | |
|--|---|--|--|---|-------------------|--|--|--|--|
| Clinical Knowledge | | | | This column = top 10% of student | <u>s.</u> | | | | |
| ☐ Major deficiencies in clinical/relevant basic science knowledge base | ☐ Understanding of basic concepts marginal – below expected level | □ Clinical knowledge appropriate to level of training – understands basic pathophysiology & common/simple disease states | Demonstrates knowledge of more complex disease states, complex physiology & treatments | ☐ Thorough knowledge of complex issues/uncommon illnesses including being up to date on current literature | □ Not Observed | | | | |
| Communication Skills – Presentations on Rounds | | | | | | | | | |
| Presentations ill prepared, lack important information, contain inaccurate data | □ Presentations orderly, accurate but with some omissions | □ Presentations accurate, orderly, contain all the basic information – appropriate to level of training | □ Presentations more concise, articulate with emphasis on important issues/data. Knows all lab/radiology data | Presentations concise, articulate & demonstrate a high level of insight/synthesis – minimal to no use of notes | □ Not Observed | | | | |
| Communication Skills – Presentation of Assigned Topic(s) | | | | | | | | | |
| □ Demonstrates little/no preparation, disorganized, no new information presented | □ Orderly presentation but summarizes only one source & provides little new information | □ Clear, concise presentation, utilizes more than one source, offers new information | □ Clear, concise presentations, utilizes multiple sources, new information provided & summarizes/reviews specific learning objectives | ☐ Utilizes & summarizes multiple sources including recent studies with a review of the studies' techniques, data & conclusions | □ Not Observed | | | | |
| <u>Communication Skills – Interacting with Patients and Families</u> | | | | | | | | | |
| ☐ Is insensitive, tactless – fails to detect nonverbal cues | □ Occasionally inattentive, sometimes uses terms the patient/family cannot understand | Develops rapport with patient & immediate family, avoids medical jargon, appreciates nonverbal cues, can deal with most day to day patient/family interactions | Willing to deal with more difficult situations & can do so with little input from supervisors | □ Outstanding rapport with patient & entire family – actively seeks to handle difficult situations/topics – relates to & engages all family members | □ Not Observed | | | | |
| Patient Care – Histories and Physicals | | | | | | | | | |
| ☐ H&Ps unreliable, contain major omissions, disorganized | □ H&Ps organized but contain some omissions | □ H&Ps organized, accurate, all major issues/findings are identified | ☐ H&Ps organized, accurate, complete & include appropriate focused historical data & physical examinations which demonstrate knowledge of an appropriate differential diagnosis | □ H&Ps include even subtle findings & the HPIs & exams clearly demonstrate knowledge of prioritized differential diagnoses for the issues at hand | □ Not Observed | | | | |
| Patient Care – Note Writing | | | | | | | | | |
| □ Notes unreliable, unorganized, contain significant omissions | □ Notes organized but omit some relevant issues/data | □ Notes accurate, complete & identify all ongoing problems | □ Notes accurate, complete & indicate clear plans for each ongoing problem | □ Notes concise & analytical reflecting thorough understanding of disease process, patient's conditions & both immediate & more distant plans | □ Not Observed | | | | |
| Patient Care – Laboratory and Radiologic Data Interpretation | | | | | | | | | |
| □ Unable to interpret most basic data | ☐ Marginal interpretation of data with problems relating data to patients | ☐ Interprets basic data & able to relate data to patients | ☐ Independently seeks out data, consistently offers interpretation & suggests further workup | Demonstrates understanding of subtle findings within lab/radiologic data & able to relate different data into a unified hypothesis | □ Not Observed | | | | |

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| Patient Care – Overall Patien | t Care Activities | | | A | |
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| □ Lacks initiative, does not recognize limits, care could be dangerous to patients | ☐ Follows management plans outlined by team, reliable to do what is instructed, but minimal self initiative | ☐ Takes appropriate initiative, follows up, is always reliable, helps others | □ Seeks added responsibility, consistently suggests diagnostic/therapeutic plans | ☐ Acts independently, families refer to student as "their doctor," takes full responsibility for patients | □ Not Observed |
| Practice Based Improvement | | | | | |
| □ No evidence of independent learning, often unprepared to describe what was learned from prior day's reading | □ Reads some, but not enough, reading too superficial, reads only what is prescribed | □ Reads independently, daily is able to describe what was learned from prior day's reading, occasionally uses multiple sources | ☐ More consistently uses multiple sources including some primary literature & able to describe the data/conclusions of those sources | □ Reads extensively & reading is goal directed & self motivated – consistently shares new knowledge with team | □ Not Observed |
| Social & Community Context | <u>t of Health Care – Utilization o</u> | f Ancillary Health Care Service | s (AHCS) | | |
| □ Unaware of &/or does not utilize AHCS in care of assigned patients | □ Utilizes AHCS only when told & does not independently interact with AHCS personnel | □ Appropriately utilizes AHCS, able to independently interact with them | ☐ Independently seeks out/recommends/utilizes AHCS for assigned patients | ☐ Anticipates both immediate & more long term needs of patients in seeking out AHCS | □ Not Observed |
| Students should possess all of t | | | | | |
| respectful properly groo | omed/dressed punctual cor | scientious honest compass | ionate considerate of others | reliable appropriately motiv | rated |
| Please mark the appropriate bo | X. □ Concerns (Please explain further.) | | | | |
| Summative Comments: | | | | | |
| Formative Comments (not to | be included in Dean's Letter, u | mless multiple evaluators share | the same critique): | | |
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| | | | | | |
| Faculty Signature (ATTENDIN | | culty Signature (RESIDENT 1) | Student | t Signature | |
| Faculty Signature (ATTENDIN By signing this form, you | | culty Signature (RESIDENT 2) | Date Date | a completed/signed by the surfur | tor(a) |

By signing this form, you agree to submit ALL evaluations completed about you during this clerkship--each unaltered after completed/signed by the evaluator(s).