Family Medicine Clerkship Evaluation

**STUDENT NAME:** __________________________________  **DATES:** ______________________________  **SITE:** _______________________________

### Clinical Knowledge – Common Outpatient Childhood/Adult Illnesses/Symptoms

| □ 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 and common/simple disease states | □ Demonstrates knowledge of more complex disease states, complex physiology and treatments | □ Thorough knowledge of complex issues/uncommon illnesses including being up to date on current literature | □ Not Observed |

### Clinical Knowledge – Adult/Pediatric Developmental Milestones and Age Appropriate Immunizations, Screenings

| □ Major deficiencies | □ Understanding marginal – below expected level | □ Appropriate knowledge – at expected level | □ Knowledge more complete – can clearly outline all health maintenance and disease prevention issues for individual patients | □ Thorough complete knowledge including understanding of subtleties | □ Not Observed |

### Communication Skills – Case Presentations

| □ 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 and demonstrate a high level of insight/synthesis. Minimal to no use of notes | □ Not Observed |

### Communication Skills – Interactions with Patients and Families

| □ Is insensitive, tactless – fails to detect nonverbal cues | □ Occasionally inattentive, sometimes uses terms the patient/family cannot understand | □ Develops rapport with patient and 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 and can do so with little input from supervisors | □ Outstanding rapport with patient and entire family – actively seeks to handle difficult situations/topics – relates to and engages all family members | □ Not Observed |

### Patient Care – Note Writing

| □ Notes unreliable, unorganized, contain significant omissions | □ Notes organized but omit some relevant issues/data | □ Notes accurate, complete and identify all ongoing problems | □ Notes accurate, complete and indicate clear plans for each ongoing problem | □ Notes concise and analytical reflecting thorough understanding of disease process, patient’s conditions and both immediate and more distant plans | □ Not Observed |

### Patient Care – Laboratory and Radiologic Data Interpretation

| □ Unable to interpret most basic data with problems relating data to patients | □ Marginal interpretation of data | □ Interprets basic data and able to relate data to patients | □ Independently seeks out data, consistently offers interpretation and suggests further workup | □ Demonstrates understanding of subtle findings within lab/radiologic data and able to relate different data into a unified hypothesis | □ Not Observed |

### Patient Care – Incorporates Psychosocial Factors in Assessing/Treating Patients

| □ Never | □ Occasionally | □ Usually | □ Most of the time | □ Always | □ 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 and able to describe the data/conclusions of those sources | □ Reads extensively and reading is goal directed and self motivated – consistently shares new knowledge with team | □ Not Observed |

### Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS), Consultants & Office Staff in Care of Patients

| □ Unaware of and/or does not utilize | □ Utilizes and interacts with only when suggested to do so | □ Appropriately utilizes and can independently interact with – at appropriate level | □ Independently seeks out/utilizes for immediate needs of patients | □ Anticipates both immediate and more long term needs of patients | □ Not Observed |
Family Medicine Clerkship Evaluation

Professionalism

Students should possess the following characteristics:

☐ be respectful  ☐ properly groomed/dressed  ☐ punctual  ☐ conscientious  ☐ honest
☐ compassionate  ☐ considerate of others  ☐ reliable  ☐ appropriately motivated

If there is a concern about any of the above for this student, please check the character and briefly describe the concern. If there are any characteristics for which this student excels, please describe them so they can be included in the student’s summative evaluation.

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You must construct a narrative/summative evaluation for the student. Include (and explain) any of the above competencies for which the student is below or above expectations.

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Faculty Signature (ATTENDING 1) ___________________ Faculty Signature (RESIDENT 1) ___________________ Student Signature ___________________

Faculty Signature (ATTENDING 2) ___________________ Faculty Signature (RESIDENT 2) ___________________ Date ___________________