

Clerkship Student Performance Assessment

When assessing student performance, please consider the following scale. Each item includes examples of specific behaviors and skills to consider.

4 Consistently performs skills independently with observation

3 Performs well with some direction

2 Needs guidance

1 Requires consistent direction

Not applicable, Not observed

EPA1: Gather a history and perform a physical examination

1. Able to gather relevant information for an appropriately focused history

4 History is consistently organized, accurate, complete; adapts to setting, urgency, and complexity; avoids medical jargon. Independently identifies and uses alternate sources of information to obtain history when needed.

3 Usually collects complete, organized, and accurate history with minimal prompting; adapts to setting, urgency, and complexity. Usually considers some supplemental information.

2 Gathers sufficient information, but is disorganized and requires prompts to gather complete histories from appropriate sources; performs best in common situations

1 Gathers insufficient or overly exhaustive unnecessary information; does not adapt to urgency or complexity. Does not seek or is overly reliant on secondary sources

Not applicable, Not observed

2. Focused physical exam

4 Consistently performs a complete, clinically relevant, and accurate physical exam in logical and fluid sequence; exam is pertinent to the setting and focus of the patient visit

3 Performs most maneuvers accurately, requiring prompts for some; pertinent to the patient's chief complaint

2 Exam is sometimes disorganized or not focused on the patient's chief complaint

1 Incorrectly performs physical maneuvers; takes too much time; misses key findings

Not applicable, Not observed

3. Focus on patient as a person

- 4 Consistently demonstrates patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; demonstrates active listening skills).
- 3 Usually demonstrates patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; with demonstrated active listening skills)
- 2 There are times that I need to interject to make the patient feel more comfortable/at ease; student sometimes struggles with difficult or uncooperative patients or in complex situations
- 1 May demonstrate disrespectful interactions with patients because of stress, fatigue, or unawareness; may generalize based on patient's age, gender, culture, race, religion, disabilities, and/or sexual orientation

Not applicable, Not observed

EPA2: Prioritize a differential diagnosis following a clinical encounter

4. Applies clinical reasoning to encounter

- 4 Independently uses analytic reasoning and activation of prior knowledge to guide process; links current findings to those of previous patients
- 3 After minimal prompting able to engage in analytic reasoning with synthesis of findings and prior knowledge
- 2 Student needs prompts and hints to recognize and synthesis pertinent findings; sometimes jumps to conclusions without probing
- 1 Limited ability to develop clinical mental models, limits ability to gather relevant information; consistently jumps to conclusions

Not applicable, Not observed

5. Differential diagnosis

- 4 Independently proposes a relevant differential diagnosis that is neither too broad nor too narrow; can respond to questions and challenges from patients and team members

- 3 Synthesizes information with minimal prompting to an appropriate differential diagnosis
- 2 May rely too much on supervisors and other team members in creating a differential diagnosis and selecting a working diagnosis; limited to common diagnoses
- 1 Approaches assessment of patient problem from a rigid template, leading to creation of differential diagnoses that are too narrow or contain inaccuracies

Not applicable, Not observed

EPA3: Recommend and interpret common diagnostic and screening tests

6. Identifies the appropriate tests

- 4 Recommends reliable, cost-effective tests with common acute or chronic conditions; routinely reflects on how the results of a test will influence clinical decision making and, conversely, on the potential consequences of not doing a test.
- 3 Usually recommends the correct test(s) for the situation, but needs assistance taking into account specificity, effects on management plan, providing rationale for recommendation
- 2 Requires prompting to recommend the correct test(s) for the situation
- 1 Recommends only standard templates or order sets for patient evaluation but may not be able to explain the role of each study in screening, diagnosis, management, or follow-up; frequently recommends unnecessary tests

Not applicable, Not observed

7. Accuracy in Interpreting lab/test results

- 4 Independently able to distinguish common, insignificant abnormalities from clinically important abnormalities; correctly interprets abnormal laboratory and imaging findings for common tests
- 3 Typically identifies abnormalities; sometimes misinterprets or needs help understanding the ramifications of findings, over- or under-reacts to the results
- 2 Interprets common lab and imaging values inconsistently and requires prompting to consider the ramifications of those findings
- 1 May misinterpret common lab values and overreact to normal or readily explainable variations, fail to recognize important abnormalities, or fail to recognize inappropriately normal findings

Not applicable, Not observed

EPA4: Enter and discuss orders and prescriptions

8. Composes orders efficiently and effectively (verbally, on paper, electronically) while avoiding errors with a concern for patient safety

4 Independently composes complex orders requiring changes in dose or frequency over time using safe habits; reasoned approach to placing orders (e.g., waits for contingent results before ordering more labs); routinely recognizes when to tailor order set

3 Usually composes basic orders with assistance for required changes and considers standard protocols; recognizes most safe habits

2 Suggests simple orders, needs assistance when deviating from standard order sets

1 Utilizes only standard order sets; orders excessive tests; does not follow established protocols or safe habits

Not applicable, Not observed

9. Plan of care demonstrates understanding of patient condition and patient perspective

4 Filters and synthesizes information to prioritize plan that considers the healthcare team and patient; able to explain how test results influence clinical decision making; understands the “big picture”

3 Usually considers healthcare team and patient perspective in plan of care; requires minimal prompting to arrive at reasonable recommendations

2 Arrives with prompting at accurate diagnostic and therapeutic recommendations; misses subtle signs or exam findings, student needs reminders to include patient in decision-making

1 Has difficulty filtering and synthesizing information to prioritize diagnostics and therapeutics; unable to articulate rationale behind orders, ignores costs or patient’s culture/beliefs

Not applicable, Not observed

EPA5: Document a clinical encounter in the patient record

10. Documents a problem list, differential diagnosis, and plan through clinical reasoning that reflects patient’s preferences

- 4 Independently provides documentation that is comprehensive without unnecessary details or redundancies; includes patient preferences and all institutionally required elements
- 3 Accurately documents most encounters with basic differential and adequate clinical reasoning
- 2 Needs prompts/assistance to ensure all elements are included accurately and in a timely manner
- 1 Documentation is incomplete, contains errors and/or omissions; does not typically document clinical reasoning in notes

Not applicable, Not observed

EPA6: Provide and oral presentation of a clinical encounter

11. Provide an accurate, concise, well-organized oral presentation with appropriate clinical reasoning

- 4 Can filter, synthesize, and prioritize information and recognize patterns; integrates pertinent positive and negatives to support hypothesis; supports plan with sound arguments and reasoning
- 3 Usually presents a concise and organized oral presentation, able to answer most questions
- 2 Needs probing questions to cover pertinent information; needs help to focus on the most relevant information
- 1 Presentation is disorganized; contains too little or too much information; defensive to probing questions

Not applicable, Not observed

EPA7: Form clinical questions and retrieve evidence to advance patient care

12. Demonstrates curiosity, objectivity, and scientific reasoning to develop a well-formed, pertinent clinical question with the ability to search for and apply findings

- 4 Independently recognizes gaps in knowledge; attempts to apply findings from other sources/independent learning/reading to patients/team
- 3 Asks well-formed clinical questions, with prompting navigates resources with appropriate appraisal
- 2 Asks questions when prompted (e.g., "what else do we need to know...?"), with assistance able to apply findings to common conditions

- 1 Does not ask questions; seemingly afraid of asking a 'dumb' question; questions do not demonstrate independent learning/reading

Not applicable, Not observed

EPA8: Give or receive a patient handover to transition care responsibility

13. Conducts handover using communication strategies known to minimize threats to transition of care

- 4 Independently communicates efficient summary of patient care with appropriate format in both documentation and verbal handover
- 3 Usually communicates with appropriate format with minimal prompting; includes most relevant key aspects of patient care
- 2 Requires assistance with time management, prioritization, key components
- 1 Does not include key components; inefficient and requires prompting to use appropriate templates

Not applicable, Not observed

EPA9: Collaborate as a member of an interprofessional team

14. Identifies team members' roles and responsibilities and communicates with the team to optimize health care delivery

- 4 Communicates bidirectionally with team as rolls dictate, seeks their counsel, actively listens to their recommendations, and incorporates them into practice
- 3 Understands the roles of other team members; Needs prompts to know when/how to utilize and/or communicate with team members
- 2 Communications are largely unidirectional; seems to communicate only when necessary; needs to be reminded who/what needs to be updated on information
- 1 Demonstrates limited understanding of the roles of other team members besides physicians; Rarely participates in team discussion

Not applicable, Not observed

15. Establish and maintain a climate of mutual respect, dignity, integrity, and trust

- 4 Integrates well with other team members and communicates their value to patients and families, prioritizes the team and patient needs over personal interests
- 3 Partners with most members of the team, communicates well with some prompting
- 2 Is typically respectful, sometimes needs intervention when faced with difficult or stressful situations
- 1 Frequently disrespectful or condescending, does not consistently tell the truth

Not applicable, Not observed

EPA10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

16. Recognize severity of a patient's illness and indications for escalating care

- 4 Independently recognizes and prioritizes patients in immediate need and initiates critical interventions; seeks timely help
- 3 May sometimes be distracted by multiple problems or may have trouble prioritizing; May sometimes be unsure of what to do next but, takes guidance well under duress
- 2 Unable to recognize significant clinical changes without prompting and/or does not anticipate next steps
- 1 Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations or inability to recognize immediate clinical need; becomes defensive/argumentative during debriefings

Not applicable, Not observed

EPA11: Participate in obtaining informed consent for tests and/or procedures

17. Communicate with the patient and family to ensure they understand the intervention

- 4 Practices shared decision making when presenting key elements of informed consent and independently recognizes when it is required
- 4 Usually recognizes when consent is required, provides key aspects of the intervention with some prompting, avoids medical jargon
- 2 Able to share some aspects of an intervention when prompted; Asks patient questions, but sometimes needs assistance responding appropriately

- 1 Uses unidirectional communication with medical jargon; does not encourage shared decision making

Not applicable, Not observed

EPA12: Perform general procedures of a physician

18. Demonstrates technical skills required for procedures and understands the associated anatomy, physiology, risks and indications

- 4 Performs procedures correctly on multiple occasions over time, takes steps to mitigate complications of procedures, able to answer questions regarding procedure to both healthcare team and patient
- 3 Able to complete aspects of procedures without direct assistance, recognizes complications, needs some prompting to explain aspects of the underlying anatomy and physiology
- 2 Completes procedures unreliably, especially when adaptations are indicated. Requires prompts to explain key aspects of indications
- 1 Uses techniques inconsistently; lacks required technical skills, does not take steps to mitigate risks; Does not understand underlying/key issues for procedures

Not applicable, Not observed

EPA13: Identify system failures and contribute to a culture of safety and improvement

19. Admits to real or potential errors by themselves or system errors, reflects on one's contribution, and develops an individual improvement plan

- 4 Self-Identifies errors or safety concerns in a timely manner; Takes personal responsibility where appropriate or works to improve the system; modifies behavior in response to feedback; sees most situations as learning opportunities
- 3 Recognizes some errors and responds well to feedback, with prompting able to address system errors or contribute to a solution
- 2 Typically responds well to feedback, but does not usually recognize their own errors or systematic contributions; passive towards systemic improvement
- 1 Requires prompts to recognize own errors; sometimes becomes defensive or argumentative in response to feedback; does not support systemic improvement episodes, reports errors disrespectfully

Not applicable, Not observed