

Please return to: Kasey Myers Email: mucom-clerkships@marian.edu

Student Name: Rotation Name: Location:

Rotation Dates: To Evaluator Name(print):

Please evaluate the student's competency in each area below and return to MU-COM within 7 days of rotation completion. Comments are required for 'Does Not Meet Competency." Comments for other answers are encouraged. An average third year should receive "Meets Competency." An exceptional third year should receive "Exceeds Competency."

**1. Patient Care:** Provides care that is effective with regard for health promotion, wellness, treatment of illness, and end of life care. Demonstrates good judgment, performs an adequate history and physical appropriate to the specialty, and is respectful of patients.

| Exceeds Competency  | Meets Competency   | Does Not Meet Competency   |                              |
|---|--|--|------------------------------|
| <ul> <li>Proactive in following up with patients</li> </ul>   | <ul> <li>Follows up with patients when prompted</li> </ul>   | • Does not follow up with patients; is not allowed to  |                              |
| <ul> <li>Performs a precise, perceptive, well organized<br/>history and physical exam</li> </ul>  | Identifies most problems but does not fully characterize them with history and/or physical   | follow-up with patients • Misses essential information in the history or physical exam; disorganized                                   |                              |
| Distinguishes common, insignificant     abnormalities from clinically important findings  | <ul> <li>Interprets results based on normal values from the<br/>lab; recognizes need to assistance to interpret<br/>results</li> </ul> | <ul> <li>Misinterprets insignificant or explainable<br/>abnormalities; does not discern urgent from non-<br/>urgent results</li> </ul> | Unable to Assess<br>(Voided) |
| <ul> <li>Plans reflect comprehensive appreciation of<br/>patient's experience of illness (recognizes patients<br/>requiring urgent care)</li> </ul> | Demonstrates acceptable knowledge of<br>procedural complications and how to minimize<br>them; possesses acceptable technical skills    | <ul> <li>Misses abnormalities in patient's clinical status;<br/>does not anticipate next steps</li> </ul>                              |                              |
| <ul> <li>Demonstrates necessary preparation for performance of procedures</li> </ul>  | Demonstrates a limited ability to connect pieces<br>information in an urgent or emergent setting                                       | Does not understand key issues in performing<br>procedures; lacks required technical skills  |                              |

**2. Medical Knowledge:** Demonstrates a knowledge base consistent with the student's level of training and applies this knowledge effectively in the patient care setting. Exhibits a commitment to continuous learning and applies clinical reasoning skills.

| Exceeds Competency                                  | Meets Competency   | Does Not Meet Competency   |                              |
|---|--|--|------------------------------|
| Demonstrates comprehensive medical knowledge        | Demonstrates knowledge sufficient to care for patients but has some deficits | Fundamental or large knowledge gaps  |                              |
| Applies the knowledge effectively and appropriately | Applies knowledge to patient care with prompting                             | <ul> <li>Unable to apply knowledge effectively to care for patients</li> </ul> | Unable to Assess<br>(Voided) |
| • Generates a thorough differential diagnosis with  | <ul> <li>Assesses most problem with a well reasoned</li> </ul>               | Generates a differential diagnosis that is often                               |                              |
|   | differential diagnosis; may struggle with more complex cases                 | incomplete or reflects incorrect reasoning                                     |                              |

3. Practice Based Learning and Improvement: Understands evidence-based concepts and applies sound principles of practice within the scope of patient care.

| Exceeds Competency   | Meets Competency   | Does Not Meet Competency                             |                              |
|--|--|--|------------------------------|
| Conducts advanced <b>oral case presentations</b> with                          |  | • Conducts an oral case presentation that is missing |                              |
|  | with minor elements missing; makes some clinical<br>leaps in reasoning   | keys elements of the history or physical exam        |                              |
| Formulates well formed <b>questions</b> and refined                            | Uses appropriate search strategies and assesses  | Uses inappropriate search strategies.                | Unable to Assess<br>(Voided) |
|  | results  |  | , ,                          |
| Applies findings of one's information search to<br>individual patient or panel | <ul> <li>With assistance, applies evidence to patient care;<br/>focuses on the individual patient and not the</li> </ul> | Does not seek new information or help                |                              |
|  | population   |  |                              |
|  |  |  |                              |

**4. Interpersonal and Communication Skills:** Establishes rapport and solicits information; maintains detailed, legible and timely medical records, and communicates with the preceptor and other members of the team.

| Exceeds Competency  | Meets Competency  | Does Not Meet Competency  |                  |
|---|---|---|------------------|
| Seeks out feedback and implements appropriate                         | Seeks some learning opportunities or professional                 |   |                  |
| changes based on feedback   | development without prompting                                     | when receiving feedback   |                  |
| <ul> <li>Transfers information accurately and efficiently;</li> </ul> | • Provides an accurate and relatively well organized              | Unorganized, inaccurate handover                                      |                  |
| organizes and prioritizes information well in                         | handover  |   |                  |
| handover  |   |   |                  |
| <ul> <li>Ensures that patients and family members</li> </ul>          | <ul> <li>Sometimes uses medical jargon when</li> </ul>            | Often unclear or confusing when communicating                         | Unable to Assess |
| understand medical terminology  | communicating with patient and family                             | with patients and family  | (Voided)         |
| <ul> <li>Documentation is comprehensive without</li> </ul>            | <ul> <li>Documentation is accurate and well organized;</li> </ul> | <ul> <li>Documentation is not well organized or is missing</li> </ul> |                  |
| unnecessary detail  | may have some errors of commission or omission                    | key elements  |                  |
| Demonstrates knowledge of indications,                                | Able to recall indications, contraindications, risks,             | Does not understand key elements of indications,                      |                  |
| 3   |   | ,   |                  |
| contraindications, risks, benefits, and alternatives                  | benefits, and alternatives to most procedures                     | contraindications, risks, benefits, and alternatives to               |                  |
| and can accurately convey to the patient (informed                    |   | basic procedures  |                  |
| consent)  |   |   |                  |
|   | •   |   |                  |

| Exceeds Competency   | Meets Competency   | Does Not Meet Competency  |                  |
|--|--|---|------------------|
| Arrives early and stays until work is completed                | Often on time  | Often late; asks to leave early   |                  |
| • Demonstrates compassion and integrity; sensitive             | Respectful and cooperative; establishes good                           | Occasionally insensitive or inattentive to patient                      | Unable to Assess |
| to patients' stated and unstated needs                         | rapport with patients  | needs   | (Voided)         |
| <ul> <li>Asks high level questions that show</li> </ul>        | <ul> <li>Asks questions to help guide patient care but</li> </ul>      | <ul> <li>Asked recall and clarifying questions only; did not</li> </ul> | (Volueu)         |
| understanding and seeks a deeper understanding                 | questions were basic care questions                                    | look up information on their own  |                  |
| of complex problems  |  |   |                  |
| 5. Systems Based Practice: Demonstrates awarenes               | s and responsiveness of the overall healthcare syster                  | m, and demonstrates knowledge of cost effective care                    |                  |
| Exceeds Competency   | Meets Competency   | Does Not Meet Competency  |                  |
| Promptly identities and reports safety concerns                | Participates in improvement projects when                              | Requires prompts for common safety behaviors                            | Unable to Assess |
| using system-reporting structures                              | prompted   |   | (Voided)         |
| • Identifies and reflects on personal responsibility           | • Engages in daily safety habits with rare lapses                      | <ul> <li>Avoids discussing or attempts to cover up their</li> </ul>     | (voided)         |
| for <b>errors</b>  |  | errors  |                  |
| <ul> <li>Actively engages with other members of the</li> </ul> | <ul> <li>Identifies and consults other health professionals</li> </ul> | <ul> <li>does not acknowledge value or importance of</li> </ul>         |                  |
| healthcare team to coordinate and provide care                 | to benefit patient but sometimes does not know                         | other health professionals  |                  |
|  | when/how to utilize  | l   |                  |
| 7. Osteopathic Principles and Practice: Incorporate            | es Osteopathic philosophy into the evaluation of pati                  | ents and uses osteopathic techniques when appropria                     | ite.             |
| The Four Key Osteopathic Principles are:                       |  |   |                  |
| 1. The body is a unit; the person is a unit of body            |  |   |                  |
| 2. The body is capable of self-regulation, self-hea            |  |   |                  |
| 3. Structure and function are reciprocally interrela           |  | an and the interrelationship of structure and function                  |                  |
|  |  | on, and the interrelationship of structure and function.                |                  |
| * *  | Meets Competency   | Does Not Meet Competency  | Unable to Assess |
| Able to see osteopathic relationships in relevant              | · Approaches the patient with recognition of some,                     | · Does not consider or discuss Osteopathic                              | Unable to Assess |
| patient cases; discusses Osteopathic principles the            | but not all, of the Osteopathic principles                             | principles  | (Voided)         |
| team and the patient   |  | l   |                  |
|  |  |   |                  |
| Attendance & Punctuality: Did student miss more                | than 2 days while on rotation? Yes                                     | No  |                  |
|  |  |   |                  |
| If yes, were student   | s able to make up missed time? Yes                                     | No NA   |                  |
| Strengths (will be   | utilized in MSPE):   | Areas for improvement (will be utilize                                  | d in MSPE):      |
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| Direct Student Feedback (only                                  | student and MU-COM will see ):   |   |                  |
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| Direct Student Feedback (only                                  | student and MU-COM will see ):   |   |                  |
| Direct Student Feedback (only                                  | student and MU-COM will see ):   |   |                  |
| Direct Student Feedback (only                                  | student and MU-COM will see ):   |   |                  |

5. Professionalism and Ethics: Student behaves in a professional and ethical manner at all times, including his/her personal behavior, interacting professionally with patients, and

Preceptor Signature Date

By signing and submitting this evaluation, I certify that I have interacted with this student in a clinical and/or educational setting and agree to the MU-COM FERPA Agreement below. I have reviewed this feedback with the student and have provided feedback to the student throughout the rotation.

**MU-COM FERPA Agreement:** Consistent with the requirements of the Family Educational Rights and Privacy Act (FERPA), I understand that I will not communicate any information regarding a student's grades or evaluation with anyone except the student and authorized individuals at Marian University College of Osteopathic Medicine

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