Student's Name	
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University of Illinois College of Medicine: Clerkship Student Assessment Form (AY 2022/2023)

Ciornomp Ctadom /tococomont i crim (// 1 2022/2020)				
Clerkship: Surgery				
Date of Assessment	_			
Rotation begin/end dates _				
Evaluator's Name(Please Print)	Position: Attending, Resident, Intern (circle or highlight)			
Clinical training site	Observed by evaluator from to			
Hours per week observed (estimate)				
student at this stage of training. For any component that needs possible to provide meaningful feedback; include reports of crit	of knowledge, skills and attitudes expected from the clearly satisfactory attention, provide comments and recommendations. Be as specific as tical incidents and/or outstanding performance. Expectations are outlined for munication skills, history-taking, physical exam, clinical reasoning, oral			
What is this assessment of the student's performance based of	on? (check all that apply)			
Direct Observation				
☐ Feedback from other supervising MDs ☐ Feedback from Residents/RNs				
☐ Feedback from Residents/RNs ☐ Feedback from Patients				
Other Please specify:				

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1. Professional D	evelopment (Discernme	nt & Self Improvement;	Conscientiousness; Cri	tical Reflection)	
-Was untruthful -Lacked integrity -Did not respond to feedback	-Lacked initiative in their education -Complained or placed blame on others without self-reflection	-Was punctual -Read and was prepared for discussions -Accepted and incorporated feedback	- Was eager to learn and help others learn -Effectively incorporated feedback into practice -Was well prepared and diligent - Acted according to own limitations	-Was behavioral role model to peers -Had a strong work ethic; was intellectually curious -Was very enthusiastic and integral as a member of the care team	
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance	Unableto assess
2. Interpersonal a	and Communication Ski	Ils (Patient Centered; Te	eam Communications)		
-Made inappropriate comments -Had disrespectful communications -Did not acknowledge others	-Exhibited occasional disruptive behavior -Did not respond to verbal and nonverbal cues -Prioritized own goals over those of the patient and care team	-Had respectful interactions and demonstrated empathy -Used language patient understood -Responded appropriately to patient verbal and non-verbal cues	-Was able to establish positive rapport with patients and their families -Provided accurate information and used effective verbal and non-verbal communication - Used bidirectional communication with healthcare team and their patients -Prioritized team's needs over personal needs	-Confirmed patient understanding and encouraged collaboration in treatment planning -Engaged actively with the patient and other team members to plan and coordinate care -Tailored communication strategy to the situation	
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance	Unableto assess
3. History Taking	Did not abtain annuate historical	Ohtoined assumets historical data	District marking and did active	A characteristic state and a constant	
-Was unable to obtain a basic history -Relied exclusively on secondary sources of information or documentation	-Did not obtain accurate historical data -History was extremely disorganized -Did not use open ended questions	-Obtained accurate historical data and got most of the pertinent information -Used logical progression of questioning -Listened actively without interruption	-Prioritized questions and did not use questions excessively -Included nearly all of the relevant history and was guided by the differential diagnosis	-Asked discriminatory questions that prioritized differential - Was able to obtain Hx for simple and complex patients and adapted to different types of patients and encounters	

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Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance	Unableto assess
4 Physical Eveni	notion.				
4. Physical Exami		Desfermed most care DE management	Change and connectly performed a	Deutemand homesthersis duives DE	l
-Did not attempt physical exam -Did not consider patient's privacy and comfort during exams	-Incorrectly performed or excluded basic PE maneuvers	-Performed most core PE maneuvers correctly -May have missed occasional physical findings -Considered patient's privacy and comfort during the exam -Engaged in safe habits(handwashing; infection control precautions)	-Chose and correctly performed a wide range of exam maneuvers to support the acquired history -Exam findings were accurate -Used tools and positioning effectively while examining patient	-Performed hypothesis driven PE that was efficient, accurate and included all pertinent positives/negatives to explore the differential diagnosis	
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance	Unableto assess
5. Clinical Reason	ning (Differential Diagno	sis and Diagnostic Orde	ering and interpretation)		
-Lacked the most basic medical knowledge needed for effective clinical reasoning -Was unable to formulate a hypothesis at any time despite prompting and feedback	-Had difficulty retrieving information and/or synthesizing information into a differential -Could not interpret basic test results	-Synthesized pertinent data based on initial diagnostic hypothesis and could usually propose a relevant DDx -Interpreted basic test results -Was comfortable with diagnostic ambiguity	-Generated prioritized DDx based on all sources of data and often correctly identified most likely diagnosis -Demonstrated solid, broad-based knowledge.	Can correctly identify most likely Dx along with a relevant management plan the majority of the time by synthesizing pertinent information from many sources in a hypothesis-driven fashion	
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance	Unableto assess
6. Oral Presentati	on:				
-Presented in a disorganized and incoherent fashion OR -Included inaccurate or falsified information	-Did not verify information being presented -Presented an imprecise story because of omitted or extraneous information	-Presentation was usually accurate, organized, concise, and complete (may have occasionally been disorganized or nonsystematic) -Projected appropriate confidence	-Presented information was filtered, prioritized, concise, well organizedIntegrated pertinent positives and negatives to support hypothesis and provided sound arguments to support the plan	-Was able to tailor the length and complexity of presentation to situation and receiver of information -Conveyed appropriate self-assurance	
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Performance (advanced level plus:)	Unableto assess

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7. Written Docu	mentation						
-Copied entire note from another author -Had incoherent/illegible documentation -Included inappropriate language or potentially damaging information	-Documentation was routinely despite feedback -Information was disorganized missing -Sometimes copied and pasted information without proper attribution	-Provided most key infor	rmation but errors, ndancies	-Completed docume consistently, in a tim with verifiable coger including Assessmer DDX without unnece	ely fashion, and nt narrative, nt and Plan and	- Adjusted and adapted documentation based on patient presentation -Reviewed the EMR and external sources to document relevant info -Solicited patient's preferences and recorded them	
Unacceptable Performance	Did Not Meet Expectations	Met Expecta	itions (Advanced	for Level	Exceptional Performance	Unableto assess
8 Operating Room:	Preparation and Kn	lowledge					
-Did not attend despite instructions to do so -had no significant knowledge of the patient -had no significant knowledge of anatomy	-Could not identify the rationale for the surgery -Basic Information about the patient was missing, ie did not see the patient before surgery -was unable to identify basic anatomy		surgery -consistently pro information(histo diagnostics) sup treatment -could anticipate	ency, physical, labs, porting surgical enext steps in the as knowledgeable	rationale for surg- could define all ste	MR and external sources to justify gery eps of the operation, anatomical post-operative complications	
Unacceptable Performance	Did not meet Expectations	Met Expectations	Advand	ed for Level	Exce	ptional Performance	Unableto assess
In this box: Provide sum Performance Evaluation	mary comments that charant (MSPE):	acterize the student's perfo	ormance. Thi	s information n	nay be includ	ed in the Medical Student	
9. Surgical Skills							
- was unable to use a needle driver or forceps to suture -failed to complete required M3 surgical skills - Displayed overconfidence and took actions that could endanger patients or providers	-was unable to perform a simple suture -did not understand or apply specific protocols in the operating room, ie scrubbing, gowning, gloving, prepping, draping, time out -completed the number of required M3 surgical skills but the variety of skills were limited/struggled with their completion	-performed simple sutures with accuracy - observed advanced surgical skills - understood and applied some specific protocols in the operating room, ie scrubbing, gowning, gloving, prepping, draping, time out -performed a variety of M3 surgical skills	and without hes observed an advanced sur - understood a some more ad the operating I gloved themse assistance, co patient, etc	nd participated in gical skills and could apply ly anced protocols in room, ie gowned and elves without	or delay; could dr responsibilities in - truly exceptional advanced protoco Could anticipate r execute these	skills in the operating room regarding ols, time out, etc next steps and was prepared to jority of the M3 surgical skills listed	

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			the required M3 surgical skills		
Unacceptable	Did not meet	Met Expectations	Advanced for	Exceptional Performance	0
Performance	Expectations		Level		Unable to
In this box: Provide sur Performance Evaluation	•	racterize the student's perfor	rmance. This information	may be included in the Medical Stude	nt
In this box: Provide spe Performance Evaluation	•	gestions for student's bene	fit only. This information	will not be included in the Medical Stu	udent
				e check the following. This will better n the Medical Student Performance Eva	
Discernment (under	standing own limitations ar	nd role limitations)			
Conscientiousness (following through with need	ded action)			
Honesty (speaking u	p appropriately and with tac	et)			
Evaluator's Signature		Date			
Student's Signature (If s	tudent is available)	Date			
For questions about the	evaluation or any concerns	s about the student perform	nance, please contact Cle	rkship Director:	

Thank you for your time and attention to our medical student! In addition to your individual comments above, please choose 2-4 phrases that best describe the student

Example Phrases used to describe the student (can check box for comments):

Areas of strength	Areas for improvement. These should be accompanied by free text comments either in MSPE or advice boxes
Knowledge and Clinical Reasoning	Knowledge and Clinical Reasoning
Able to present a case formally or informally	struggled with organizing and interpreting information
Writes organized progress notes	Does not consistently seek out opportunities to learn
Shows independence in learning	Knowledge base was below what was expected for their stage of training
Searches for additional information	
Seeks out opportunities to learn	
Demonstrates problem solving skills	
Thinks quickly on their feet	
Teamwork and Professionalism	Teamwork and Professionalism
Completes assigned tasks promptly & accurately	Needs extra attention and encouragement to complete tasks
Is goal-oriented and uses time efficiently to achieve goals	Had unexcused absences on one or more occasion
Shows leadership qualities	Needs to improve skills in functioning with the surgical team
Functions at a level above their stage of training	
Surgical Skills	Surgical Skills
Learns manual skills quickly	Can improve in manual skills
Patient Care	Patient Care
Considerate of patients	Interactions with patients and/or staff were not consistently respectful
Shows evidence of reading about patient's problems	
Excellent verbal & nonverbal communication skills	