University of Illinois College of Medicine: Surgery Clerkship Student Assessment Form Student's Name: Please indicate if you have a conflict of interest in the assessment of this student. Examples of conflicts of interest may include but are not limited to the following relationships to the student: acting as a provider of healthcare services, including psychiatric/psychological services; being a relative and/or spouse/partner; and serving currently in a formal capacity as an advisor (such as a physician house advisor or a clinical faculty advisor). I do not have a conflict of interest in completing this evaluation. I may have or do have a conflict of interest in completing this evaluation. If yes, please do not complete the evaluation and contact the Assistant Dean for phase 2/3: Chicago: Dean Richard Stringham (rstring@uic.edu) Peoria: See eValue Rockford: Dean Maureen Richards (mhr@uic.edu) Date of Assessment ______ Rotation begin/end dates _____ Evaluator's Name _____ Position: Attending Resident (Please Print) Inpatient Outpatient Subspecialty Setting: Clinical training site _____ Observed by evaluator from to In evaluating the M3 student's performance, consider the level of knowledge, skills, and attitudes expected from the clearly satisfactory student at this stage of training. For any component that needs attention, provide comments and recommendations. Be as specific as possible to provide meaningful feedback; include reports of critical incidents and/or outstanding performance. Expectations are outlined for seven domains of competence: professional development, communication skills, history-taking, physical exam, clinical reasoning, oral presentation, and written documentation. What is this assessment of the student's performance based on? (check all that apply) **Direct Observation** Feedback from other supervising MDs Feedback from Residents/RNs Feedback from Patients Please specify: _____ Other

1. Professional Development (Discernment & Self Improvement; Conscientiousness; Critical Reflection)					
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
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 a 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 	
	nd Communication Skills				
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
Made inappropriate comments Had disrespectful communications Did not acknowledge others	Exhibited occasional disruptive behavior Did not respond to verbal and non-verbal cues Prioritized own goals over those of the patient and care team	Had respectful interactions with patients and interprofessional team members 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 nonverbal communication Used bidirectional communication with interprofessional 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 interprofessional team members to plan and coordinate care Tailored communication strategy to the situation	
3. History Taking					
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
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	

4. Physical Examination					
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
 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	
	ing (Differential Diagnosi			Eventional Deviance	Huabla ta
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
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 the most likely diagnosis Demonstrated solid, broad-based knowledge.	Can correctly identify the 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	
6. Oral Presentation	on				
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
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, and well organized. Integrated 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	

7. Written Documentation					
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
 Copied entire note from another author Had incoherent/illegible documentation Included inappropriate language or potentially damaging information 	Documentation was routinely late despite feedback Information was disorganized or missing Sometimes copied and pasted information without proper attribution	Documentation was organized Provided most key information but may have included a few errors, minor omissions or redundancies Selectively and appropriately limited copying /pasting information	Completed documentation consistently, in a timely fashion, and with verifiable cogent narrative, including Assessment and Plan and DDX without unnecessary details	 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 	
8. Operating Room	n: Preparation and Know	edge			
Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
 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, i.e. did not see the patient before surgery Was unable to identify basic anatomy	Could relate majority of rationale for surgery Provided most key information about the patient (history, physical, labs, diagnostics) but may have had minor omissions Was able to identify basic anatomy	 Consistently defined rationale for surgery Consistently provided all key information(history, physical, labs, diagnostics) supporting surgical treatment Could anticipate next steps in the operation and was knowledgeable about the anatomy 	Reviewed the EMR and external sources to justify rationale for surgery Could define all steps of the operation, anatomical complications, and postoperative complications	

Unacceptable Performance	Did Not Meet Expectations	Met Expectations	Advanced for Level	Exceptional Performance (Advanced Level Plus)	Unable to Assess
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, i.e. 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, i.e. scrubbing, gowning, gloving, prepping, draping, time out Performed a variety of M3 surgical skills	 Performed suturing with fluency and without hesitation or delay Observed and participated in advanced surgical skills Understood and could apply some more advanced protocols in the operating room, i.e. gowned and gloved themselves without assistance, could help prep patient, etc. Gained proficiency in several of the required M3 surgical skills 	Performed suturing with fluency and without hesitation or delay; could drive camera or take on other responsibilities in the OR Truly exceptional skills in the operating room regarding advanced protocols, time out, etc. Could anticipate next steps and was prepared to execute these Executed the majority of the M3 surgical skills listed with exceptional skill	
n this box: Provide sumr Performance Evaluation		cterize the student's perfor	M3 surgical skills	ay be included in the Medical St	udent

To better help the College of Medicine understand and address student professionalism in any of the following domains: (This information will r	performance, please check if you are concerned about the student's not be included in the Medical Student Performance Evaluation [MSPE]):
Discernment (understanding own limitations and role limitations)	
Conscientiousness (following through with needed action)	
Honesty (speaking up appropriately and with tact)	
Evaluator's Signature	Date
For questions about the evaluation or any concerns about the	student's performance, please contact the Clerkship Director.

Thank you for your time and attention to our medical students!