

- **M3 name:**
- **Attending name:**

1. This evaluation is based on:

- my individual observation
- my individual observation and feedback from the team
- feedback from the team

2. Gather a History (EPA 1a)

- Not observed
- Novice. Gathers too little or too much information; rote format; inconsistent relevance to chief complaint
- Asks appropriate questions but data collected has significant omissions or errors; difficulty synthesizing
- Appropriate and relevant questioning; relatively consistent collection of focused; accurate data; developing insight
- Consistent collection of appropriately detailed and organized data, applicable to setting (ward or clinic); focused / selective; insightful
- Role model. Hypothesis driven by real-time development of differential diagnosis

3. Perform a Physical Examination (EPA 1b)

- Not observed
- Novice. Rote format regardless of chief complaint; misses major findings; inconsistent consideration of patient comfort
- More flexible format and better attention to chief complaint; unreliable exam; misses major findings
- Major findings consistently identified; attentive to patient comfort
- Accurate, organized exam appropriate to chief complaint and setting (comprehensive vs. focused)
- Role model. Hypothesis driven by real-time development of differential diagnosis; identifies subtle findings

4. Provide an Oral Presentation of a Clinical Encounter (EPA 6)

- Not observed
- Novice. Chief complaint identified; additional information presented is disorganized and incomplete
- Difficulty distinguishing between relevant and irrelevant information; attempts to organize
- Reports most pertinent positives and negatives; developing insight; maintains format
- Reports all pertinent positives and negatives; selection of facts implies interpretation; fluid style; good eye contact
- Role model. Model presentation tailored to context (type of rounds) and facts; suggests appropriate next steps

5. Demonstrate Knowledge Relating to Own Patients (SLU SOM EPO 2.2. Medical Knowledge)

- Not observed
- Novice. Inconsistent and/or insufficient knowledge base to interpret data and apply to patient care
- Demonstrates book knowledge but has difficulty applying that knowledge to patient case; difficulty interpreting data
- Consistently provides basic differential diagnoses of active problems in own patients; developing insight
- Provides expanded differential diagnoses with rationale; can discuss minor problems; beginning to suggest treatments
- Role model. Consistently provides an accurate differential, suggesting appropriate treatment and management plans

6. Generate and Prioritize a Differential Diagnosis Following a Clinical Encounter (EPA 2)

- Not observed
- Novice. Difficulty committing to a diagnosis; differential absent or unprioritized
- Commits to working diagnosis; includes differential; unable to support clinical reasoning with relevant history, physical, and/or diagnostic study elements
- Commits to working diagnosis with prioritized differential; supports clinical reasoning with relevant history, physical, and/or diagnostic study elements

- Provides an accurate and concise differential by comparing / contrasting discriminating features of diagnoses under consideration
- Role model. Specifically identifies and addresses features that do not match the working diagnosis; refers to EBM literature when appropriate

7. Response to Instruction / Feedback (SLU SOM EPO 8.1 Personal and Professional Development)

- Not observed
- Novice. Uncertain how to ask for, or respond to, feedback in the clinical setting; argumentative or defensive
- Inconsistently seeks feedback; does not improve or sustain improvement in response; little insight into own strengths and weak
- Demonstrates self-reflection in response to feedback; receives constructive feedback in a professional manner
- Actively seeks and consistently improves with feedback from patients and the team
- Role model. Continued self-assessment leads to sustained improvement; insightful self-reflection

8. Collaborate as a Member of an Interprofessional Team (EPA 9)

- Not observed
- Novice. More observer than teammate; uncertain of own role or how to engage with the team
- Role is clear but generally disengaged; contribution to teamwork inconsistent; requires frequent direction on responsibilities
- Consistently demonstrates responsibility for patient care; works collaboratively with team
- Excellent rapport with members of the expanded healthcare team, including support personnel; fulfills own function on the team with very little direction
- Role model. Excellent rapport with all members of the team; uses own and others' roles to achieve optimal patient care

9. Communicate effectively, respectfully, and compassionately with patients and families (SLU SOM EPO 4.2 Interpersonal and Communication Skills)

- Not observed
- Novice. Uncomfortable engaging with patients / families; occasionally insensitive or inattentive to patient / family concerns
- Adapts communication to establish rapport; identifies communication barriers, but has difficulty navigating; starting to demonstrate non-judgmental attitude in sensitive situations
- Effectively establishes rapport; usually navigates communication barriers; develops strategies to approach most difficult communication scenarios
- Tailors communication to foster doctor-patient relationship; adjusts communication style and strategies real-time for specific encounters
- Role model. Manages a wide array of difficult communication scenarios with grace and humility; genuinely interacts with and effectively educates patients and their families

10. Please describe 1-2 things that this student should focus on improving to best promote his or her clinical performance and personal growth.

11. Please describe 1-2 things you have observed that this student does particularly well in the clinical setting.