

## 4<sup>TH</sup> YEAR CLINICAL EVALUATION FORM

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Student name: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Elective Title: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

### Patient Care:

- Independently collects either a focused or comprehensive patient history as indicated
- Performs physical examination with skill level appropriate for level of training
- Develops prioritized, inclusive problem list or differential diagnosis
- Suggests appropriate diagnostic tests and therapies for patient problem

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

### Medical Knowledge

- Knowledge base in clinical subject area appropriate for level of training
- Identify criteria for outpatient care vs inpatient care, follow-up care in either setting and criteria for discharge if inpatient
- Describe appropriate drugs or therapies for clinical condition of patient including contraindications

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

### Interpersonal and Communication Skills

- Communicates effectively with patients and families with various socioeconomic and cultural backgrounds
- Provides patient instruction accounting for level of health literacy
- Writes notes that are organized, focused and accurate
- Effectively presents patient information to the attending and team members

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

### Professionalism

- Exhibits personal integrity, honesty, compassion and respect to all
- Punctual, dependable, appropriately dressed
- Follows attendance policy and notifies resident/attending of absences and provides documentation

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

**Practice-Based Learning and Improvement**

- Demonstrates self-directed learning in daily practice
  - Identifies deficiencies in knowledge and skills by self evaluation
  - Develops a plan for improvement through learning activities and incorporating feedback
- Demonstrates evidence based clinical practice
  - Accesses appropriate resources to answer clinical questions

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

**Systems-Based Practice**

- Demonstrates appropriate use of consultants, including ancillary services (social worker, PT, OT, etc.)
- Demonstrates awareness of cost-effective and quality care

Grade: \_\_\_0 \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

**Grading Scale:**

- 0 – No Interaction
- 1 – Performance not appropriate for level (remediation needed)
- 2 – Performance below average for level (feedback given)
- 3 – Performance appropriate for level of training
- 4 – Performance above expected for level of training
- 5 – Performance exceptional ; in top 5% of class

Comments:

Final Grade:

\_\_\_\_\_ Incomplete

\_\_\_\_\_ Fail

\_\_\_\_\_ Pass

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this evaluation form to the office of the Registrar via email at [shvreg@lsuhsc.edu](mailto:shvreg@lsuhsc.edu) or by fax 318.675.4758 within 4-6 weeks after completion of the rotation.**