Two-Week Rotation Assessment Form Process

Purpose
- Provide a summative perspective on a clerk’s clinical and professional proficiencies within the context of the two-week rotation
- Identify areas where a clerk could benefit from further support or independent learning, as well as the resources to assist them

Notes on Implementation
- Use of the Two-Week Rotation Assessment form is mandatory for Two-Week Rotations
- Two-Week rotations should address those competencies that most closely align with their contexts (and that can be explicitly addressed within the two-week timeframe)
  - At least two different competencies need to be addressed
    - Decisions around which competencies to choose can be aided by reviewing the objectives for the Two-Week rotation to understand which competencies are most frequently addressed (all course and rotation objectives are mapped back to the UME competencies - The UME office can assist with this effort)
- Students should be made aware of which competencies will be addressed by the first day of the Two-Week Rotation
- While individual Two-Week rotations do not have to address all seven competencies, the rotation as a whole needs to ensure that all of the competencies are addressed during the rotation’s timeframe
- The Two-Week Rotation Feedback form’s information will be factored into the clerk’s Summative Clinical Clerk Assessment form as part of the summation of the assessment process
- Students need to be educated and reminded about the processes involved, the role of feedback (to correct deficiencies and understand consequences), and its contribution to their personal learning
- Student education about assessment practices begins during the orientation for Clerkship, but it is beneficial to students to reinforce the value of feedback and how it will benefit them during clerkship

Method

Who
- Assessors responsible for completing the form should be designated, in advance, by the Rotation Director or rotation-specific coordinator
- The 2nd & 3rd pages of this document are meant only to assist assessors with completing the final page of this form
- Assessors should be identified to the students at the start of each rotation
- Assessors should review the form with the student on the first day, noting which areas will be assessed during the 2 weeks

What
- The standard Two-Week Rotation Assessment form should be used for all selective rotations
- Supervisors should note that the Two-Week Rotation Assessment form is for summative purposes, but can also have a formative component
  - Summative component:
    - Provides the students with a statement of their overall achievement during the rotation
  - Formative component:
    - In order to provide the clerk with an opportunity for improving their proficiency in the core competencies, directive, helpful statements need to be recorded to guide the clerk in identifying where they need to adjust their learning strategies as well as where they can seek support

When
- Feedback should be provided at the end of the two-week selective rotation, as scheduled by the Rotation Director
<table>
<thead>
<tr>
<th>1. Medical Expert *</th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
</table>
| * Clinical Reasoning and the Application of Basic Knowledge (1.4, 1.8, 1.9, 1.11) | □ does not consistently demonstrate discipline-specific knowledge appropriate to an undifferentiated physician  
□ often unable to solve clinical problems  
□ difficulty interpreting and integrating available data  
□ frequently unable to manage routine clinical situations effectively  
□ neglects to incorporate patient input in management planning  
□ unable to consistently develop an appropriate differential diagnosis | □ demonstrates discipline-specific knowledge appropriate to an undifferentiated physician  
□ offers most possible solutions and explanations for clinical problems  
□ interprets and integrates available data  
□ begins to address situations by taking into account best evidence and practices (patient safety, costs, patient values, and resources)  
□ able to develop an appropriate differential diagnosis  
□ develops an effective patient-centred management plan |
| * Patient Assessment – History Taking (1.6) | □ more random than purposeful  
□ inconsistent response to patient concerns and/or contexts  
□ disorganized sequence  
□ often misses or ignores significant normal and abnormal findings  
□ insensitive or unresponsive to patient | □ negotiates an agenda with the patient  
□ consistently identifies and addresses issues by exploring diagnosis, causes, severity, and impact  
□ elicits patient’s concerns  
□ explores social issues  
□ is thorough, accurate and systematic | □ uses the exam to confirm diagnosis, underlying causes, and severity  
□ efficient and complete  
□ focused, relevant, and accurate  
□ consistently able to elicit significant normal and abnormal findings  
□ sensitive to patient comfort and needs |
| * Patient Assessment – Physical / Mental Status Examination (1.7) | □ disorganized sequence  
□ often misses or ignores significant normal and abnormal findings  
□ insensitive or unresponsive to patient | □ uses the exam to confirm diagnosis, underlying causes, and severity  
□ efficient and complete  
□ focused, relevant, and accurate  
□ consistently able to elicit significant normal and abnormal findings  
□ sensitive to patient comfort and needs |
| 2. Communicator | Does Not Meet Expectations | Meets Expectations |
| Relationships (2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 2.8, 2.9, 2.10) | □ unable to demonstrate the relationship between effective communication and improved patient outcomes  
□ does not demonstrate rapport, respect, sympathy, or empathy for patients, families, or colleagues | □ establishes a positive relationship (understanding, trust, respect, honesty, empathy) with patients and their families  
□ maintains patient confidentiality / privacy  
□ elicits and synthesizes relevant information from multiple sources  
□ communicates effectively with patients, family, and colleagues  
□ respects diversity (gender, religion, culture)  
□ engages patients, families, and colleagues in shared decision making |
| Conveying Information (Verbal and/or Written) (2.11, 2.12) | □ disorganized  
□ incomplete  
□ inaccurate or illegible  
□ rambling  
□ problem list not attempted or complete  
□ unable to consistently develop an appropriate differential diagnosis | □ accurate and complete oral/written presentation of information  
□ comprehensible  
□ attempts to adapt information to clinical contexts  
□ well organized problem list |
| 3. Collaborator | Does Not Meet Expectations | Meets Expectations |
| Interprofessional Healthcare Team (3.3, 3.4, 3.5, 3.6) | □ exhibits difficulty working with other members of the team  
□ often uncooperative, disruptive or unprofessional  
□ thoughtless or arrogant  
□ fails to recognize or respect the opinions and roles of others | □ recognizes and respects the diversity of roles, responsibilities and competencies of other professionals  
□ works within the team to assess, plan, provide and integrate patient care  
□ engages other team members in patient care situations  
□ participates in a collegial process to maximize effective team functioning |
| Conflict Prevention and Resolution (3.2, 3.5) | □ unable to recognize and/or deal with interpersonal conflict  
□ causes conflict  
□ fails to respect and/or understand the skills, knowledge, experience, or opinions of other professionals | □ recognizes interpersonal differences, misunderstandings and limitations  
□ works with other team members to prevent, negotiate, and resolve interprofessional conflict |
| 4. Manager | Does Not Meet Expectations | Meets Expectations |
| Healthcare System (4.1, 4.2, 4.3, 4.4) | □ often unaware of resource availability and/or limitations when making clinical decisions | □ aware of access to appropriate resources for learning and patient care  
□ allocates resources in an ethical and cost-effective manner |
<table>
<thead>
<tr>
<th>5. Health Advocate</th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients, Communities, Populations (5.2, 5.3, 5.4, 5.5)</td>
<td>□ does not recognize the importance of the determinants of health</td>
<td>□ identifies adverse lifestyle issues during patient care and promotes disease prevention &amp; healthy living</td>
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<tr>
<td></td>
<td>□ does not consistently inquire about lifestyle/risk factors</td>
<td>□ engages in anticipatory guidance of patients</td>
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<td></td>
<td>□ often omits patient involvement or understanding of their health and health care</td>
<td>□ demonstrates accepted legal, moral and ethical principles of physicians in relation to the community and to patients</td>
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<tr>
<td></td>
<td>□ does not always apply accepted legal, moral and ethical principles when dealing with patients and/or colleagues</td>
<td>□ attempts to incorporate the determinants of health in decision making</td>
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<tr>
<th>6. Scholar</th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life-long Learning (6.1, 6.2, 6.3, 6.4, 6.5, 6.6)</td>
<td>□ does not always recognize personal limitations (knowledge and/or skills)</td>
<td>□ seeks out the appropriate resources to track, evaluate, and achieve self-growth when areas for knowledge and/or skill development are identified</td>
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<tr>
<td></td>
<td>□ does not assume responsibility for learning</td>
<td>□ applies newly gained knowledge or skills in the care of patients</td>
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<tr>
<td></td>
<td>□ seeks out the appropriate resources to track, evaluate, and achieve self-growth when areas for knowledge and/or skill development are identified</td>
<td>□ demonstrates ability to share newly gained knowledge/skills with colleagues</td>
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<tr>
<td></td>
<td>□ applies newly gained knowledge or skills in the care of patients</td>
<td>□ recognizes own uncertainty and seeks clarification</td>
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<td></td>
<td>□ demonstrates ability to share newly gained knowledge/skills with colleagues</td>
<td>□ seeks guidance from senior members of the team</td>
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<th>7. Professional *</th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Ethical and Social Behaviour (7.1, 7.2, 7.3, 7.5, 7.6)</td>
<td>□ has demonstrated limited knowledge of and/or respect for professional boundaries</td>
<td>□ abides by the professional, legal and ethical codes of practice</td>
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<tr>
<td></td>
<td>□ does not recognize or respond appropriately to common ethical issues</td>
<td>□ maintains appropriate professional boundaries</td>
</tr>
<tr>
<td></td>
<td>□ often fails to demonstrate integrity, or responsibility, or respect</td>
<td>□ recognizes and responds appropriately to common ethical issues</td>
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<tr>
<td></td>
<td>□ does not always demonstrate respect for patient confidentiality and privacy</td>
<td>□ honest and trustworthy</td>
</tr>
<tr>
<td></td>
<td>□ identifies personal conflicts of interest that may affect care</td>
<td>□ recognizes and responds appropriately to common ethical issues</td>
</tr>
<tr>
<td></td>
<td>□ completes clinical assignments efficiently and effectively</td>
<td>□ responds appropriately to the diverse needs of patients and families in routine circumstances</td>
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<thead>
<tr>
<th>* Reflective Practice (7.11, 7.12, 7.13)</th>
<th>Does Not Meet Expectations</th>
<th>Meets Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ does not demonstrate the ability to learn from experience</td>
<td>□ demonstrates ability to learn from experience in common &amp; critical events</td>
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<tr>
<td>□ does not recognize own limits and/or seek help</td>
<td>□ seeks feedback about personal performance from senior members of the team</td>
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</tr>
<tr>
<td>□ difficulty accepting and/or incorporating personal and/or professional feedback</td>
<td>□ recognizes how personal biases, attitudes and feelings may impact self-learning and patient care</td>
<td></td>
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<tr>
<td></td>
<td>□ recognizes personal limits and seeks help appropriately</td>
<td>□ recognizes personal limits and seeks help appropriately</td>
</tr>
<tr>
<td></td>
<td>□ tries to incorporate feedback on personal and professional performance</td>
<td>□ seeks feedback about personal performance from senior members of the team</td>
</tr>
</tbody>
</table>
The clerk’s level of achievement is based on feedback from supervisors, health care team members, and any assessments completed by the end of the two-week selective. It is understood that it is not possible to adequately assess all seven UME competencies. The form below denotes the competencies explicitly addressed by the 2-week rotation.

Note: The Summative Clinical Clerkship Assessment form denotes specific expectations for each competency. Students who receive “Does Not Meet Expectations” on any one of the subcomponents within any category/competency (see Summative Clinical Clerkship Assessment Form) should receive “Does Not Meet Expectations” for the entire competency.

Note: Failure to “Meet Expectations” for any subcomponent in the Medical Expert or Professional competencies results in failure of the selective rotation. Failure in two or more of the other categories results in failure of the selective rotation.

Assessment process used to complete report: (Check as many as apply)

- [ ] Oral exam
- [ ] Case presentation(s)
- [ ] On-call performance
- [ ] Observed patient interaction(s)
- [ ] Written exam
- [ ] Written record review
- [ ] Resident assessment
- [ ] Healthcare team member assessment

<table>
<thead>
<tr>
<th>Competency – check which competencies the selective explicitly addressed</th>
<th>Does Not Meet Expectations</th>
<th>Borderline</th>
<th>Meets Expectations</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>Communicator</td>
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<tr>
<td>Collaborator</td>
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<tr>
<td>Manager</td>
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<tr>
<td>Health Advocate</td>
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<tr>
<td>Scholar</td>
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<tr>
<td>Professional</td>
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Overall Two-Week Rotation Assessment:
- [ ] Does Not Meet Expectations
- [ ] Borderline
- [ ] Meets Expectations
- [ ] Exceptional

If the student Does Not Meet Expectations, the student has failed the Selective. Details must accompany this form.

Formative Feedback:
Use this space to:

i) provide a summary of the clerk’s overall performance including strengths, especially if deemed to be Exceptional; and

ii) identify 1 – 2 specific areas where the student should focus their learning to further develop based on the competencies above.

Provide concrete steps or guidelines the student can take.

Signature of Assessor: ____________________________ Signature of Student: ____________________________