



MEDS 2018

Western University

Schulich School of Medicine & Dentistry

FOUR-WEEK CLINICAL CLERK ASSESSMENT

Academic Year 2016 - 2017

Student Name:				Student #
Rotation Block (circle one):	FAMILY ME	DICINE	GENERAL SURGERY	Location/Site:
Rotation From: Dates:				То:
Number of Days Absent:	→	Illness _		
Was mid-rotation feedback given to the student?			□ No	
Is the student's behaviour con with the CMA Code of Ethics?	0.0.0.	YesNo		ersion of the CMA Code of Ethics, please visit: na.ca/dbtw-wpd/PolicyPDF/PD04-06.pdf
If not consistent, explain:				
Assessment components that contribute to the final assessment:				
Exam (oral)		Clinical (Se	elective)	
Exam (written)		Clinical (Se	elective)	

Clinical (ambulatory)
 Clinical (ward)
 Other (please describe):

Name of Supervisor (print):

Signature of Supervisor:

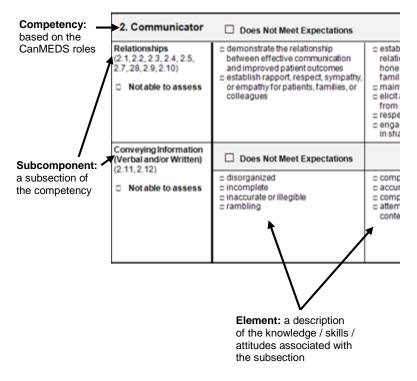
Signature of Student:

Date:

Note: Signature by the student indicates that the student has seen the assessment. It does not indicate that the student agrees with the assessment.

INSTRUCTIONS FOR ASSESSORS

- Summative assessment should take into account all of the formal assessments that have been done during the
 rotation, and any relevant anecdotal reports.
- For the Medical Expert and Professional competencies, the asterisk (*) Indicates a clerk must achieve "Meets Expectations" in order to pass the rotation.
- For the remaining 5 competencies, a clerk must achieve a minimum of "Meets Expectations" in 4 out of the 5 competencies in order to pass the rotation.
- Failure in any one subcomponent of a competency constitutes a failure for the entire competency.
 - Consult the Assessment of Clerkship Policy for further information.
- If you are unable to assess a specific competency, please indicate "Not Able to Assess" – this should only occur under exceptional circumstances.
- When assessing a subcomponent, it is possible to check elements from Does Not Meets Expectations and Meets Expectations to denote specific strengths or weaknesses the overall result for each subcomponent is determined by where the majority of competence has been demonstrated.



- When scoring the rubric, assessors should take into account the level of training and experience of the candidate (e.g. a clerk on their first rotation vs. a clerk on the final rotation).
- Make sure you also complete the **Overall Performance** and **Formative Feedback** sections following the rubric.

Adapted from: Dreyfus, Stuart E.; Dreyfus, Hubert L. (February 1980). A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition. Washington, DC: Storming Media. http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA084551&Location=U2&doc=GetTRDoc.pdf. Retrieved February 11, 2011.

ROTATION:

1. Medical Expert *	DOES NOT MEET EXPECTATIONS	BORDERLINE	MEETS EXPECTATIONS	
* Clinical Reasoning and the Application of Basic Knowledge	DOES NOT MEET EXPECTATIONS	BORDERLINE	□ MEETS EXPECTATIONS	EXCEPTIONAL
(1.1, 1.2, 1.3, 1.4, 1.8, 1.9, 1.11) ☐ Not able to assess	 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)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
 Observed Inferred Not able to assess 	 is more random than purposeful lacks completeness inconsistent response to patient concerns and/or contexts 		 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 	
* Patient Assessment – Physical / Mental Status Exam (1.7)	DOES NOT MEET EXPECTATIONS	BORDERLINE	□ MEETS EXPECTATIONS	EXCEPTIONAL
 Observed Inferred Not able to assess 	 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,.28, 2.9, 2.10)	DOES NOT MEET EXPECTATIONS	BORDERLINE	□ MEETS EXPECTATIONS	EXCEPTIONAL
Not able to assess	 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 synthesize 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)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
(2.11, 2.12) Not able to assess 	 disorganized incomplete inaccurate or illegible rambling problem list not attempted or complete 		 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	BORDERLINE	MEETS EXPECTATIONS	
Interprofessional Healthcare Team (3.3, 3.4, 3.5, 3.6)	DOES NOT MEET EXPECTATIONS		MEETS EXPECTATIONS	
Not able to assess	 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)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
Not able to assess	 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)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
Not able to assess	 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 	
5. Health Advocate	DOES NOT MEET EXPECTATIONS		MEETS EXPECTATIONS	
Patients, Communities, Populations	DOES NOT MEET EXPECTATIONS		MEETS EXPECTATIONS	
(5.2, 5.3, 5.4, 5.5) ☐ Not able to assess	 does not recognize the importance of the determinants of health does not consistently inquire about lifestyle/risk factors often omits patient involvement or understanding of their health and health care does not always apply accepted legal, moral and ethical principles when dealing with patients and/or colleagues 		 identifies adverse lifestyle issues during patient care and promotes disease prevention & healthy living engages in anticipatory guidance of patients demonstrates accepted legal, moral and ethical principles of physicians in relation to the community and to patients attempts to incorporate the determinants of health in decision making 	

6. Scholar	DOES NOT MEET EXPECTATIONS	BORDERLINE	MEETS EXPECTATIONS	
Life-long Learning (6.1, 6.2, 6.3, 6.4, 6.5, 6.6)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
Not able to assess	 does not always recognize personal limitations (knowledge and/or skills) does not assume responsibility for learning 		 seeks out the appropriate resources to track, evaluate, and achieve self-growth when areas for knowledge and/or skill development are identified applies newly gained knowledge or skills in the care of patients demonstrates ability to share newly gained knowledge/skills with colleagues 	
Evaluation and Application (6.7, 6.8, 6.10)	DOES NOT MEET EXPECTATIONS	BORDERLINE	□ MEETS EXPECTATIONS	
Not able to assess	 poor critical appraisal skills does not recognize degrees of complexity rarely demonstrates curiosity in the face of the unknown does not appear to know how and where to find appropriate answers 		 asks effective clinical questions and attempts to answer with appropriate resources applies critical appraisal skills when considering appropriate resources recognizes own uncertainty and seeks clarification seeks guidance from senior members of the team 	
7. Professional *	DOES NOT MEET EXPECTATIONS		MEETS EXPECTATIONS	
* Ethical and Social Behaviour (7.1, 7.2, 7.3, 7.5, 7.6)	DOES NOT MEET EXPECTATIONS		□ MEETS EXPECTATIONS	
Not able to assess	 has demonstrated limited knowledge of and/or respect for professional boundaries does not recognize or respond appropriately to common ethical issues often fails to demonstrate integrity, or responsibility, or respect does not always demonstrate respect for patient confidentiality and privacy 		 abides by the professional, legal and ethical codes of practice maintains appropriate professional boundaries recognizes and responds appropriately to common ethical issues honest and trustworthy identifies personal conflicts of interest that may affect care completes clinical assignments efficiently and effectively responds appropriately to the diverse needs of patients and families in routine circumstances 	
* Reflective Practice (7.11, 7.12, 7.13)	DOES NOT MEET EXPECTATIONS	BORDERLINE	□ MEETS EXPECTATIONS	EXCEPTIONAL
Not able to assess	 does not demonstrate the ability to learn from experience does not recognize own limits and/or seek help difficulty accepting and/or incorporating personal and/or professional feedback 		 demonstrates ability to learn from experience in common & critical events seeks feedback about personal performance from senior members of the team recognizes how personal biases, attitudes and feelings may impact self- learning and patient care recognizes personal limits and seeks help appropriately tries to incorporate feedback on personal and professional performance 	

	Overall Four-Week Performance
Summary: Please provide a summary of the student's overall performance	Overall Four-Week Performance

Four-Week Final Rotation Assessment				
If the student Does Not Meet Expectations , the student has failed the block. (See criteria for failure in the Clinical Clerkship Handbook) Details that support this decision must accompany this form.	Does Not Meet Expectations Borderline	Meets Expectations Exceptional		

Formative Feedback

Use this space to identify areas for further learning or improvement. Please provide **suggestions**, as well as **advice** and/or resources, for how to act upon your suggestions.