UWSMPH Third Year Internal Medicine Clerkship

Attending Guidelines
TABLE OF CONTENTS

Role of the Attending Physician ................................................................. 3
Evaluation and Feedback ............................................................................. 4
Role of the Student ...................................................................................... 5
Roles of the Interns and Residents ............................................................. 6
Additional Roles of the Senior Resident .................................................... 7
Appendices ................................................................................................. 8-22
    A. Select Physical Exam Skills to Practice............................................. 8-10
    B. Direct Observation and Feedback Form .......................................... 11
    C. Oral Presentation Forms ................................................................. 12-13
    D. Clerkship Mid-Rotation Student Feedback Form ............................... 14
    E. Faculty Evaluation of Student Performance ..................................... 15-20
    F. Student Evaluation of Faculty Performance ..................................... 21-23

If Problems Arise, Please Contact:

Laura Zakowski, MD  5132 MFCB  (608) 265-1188
Sarah Ahrens, MD  5131 MFCB  (608) 263-0828
Tara Loushine, MS CHES  5136 MFCB  (608) 263-3038
Chelsea Anderson  5170-10F MFCB  (608) 263-2780
ROLE OF THE ATTENDING PHYSICIAN

Thank you in advance for dedicating time and energy to the third year medical students on your ward team. We are committed to providing students with an outstanding educational experience and appreciate your assistance in this effort.

Our educational priorities are to ensure that students master history-taking and physical exams, become skilled at written and oral presentation skills, formulate complete problem lists, and develop thoughtful differential diagnoses. We feel that it is appropriate for the bulk of this learning to occur while students are working with you on the wards.

*Your attending role includes:*

- **Serving as a Role Model of Professionalism**
  - Ensure that all team members abide by principles of professionalism.
  - Avoid complaining to students about matters beyond their control.
- **Making Your Expectations Clear**
  - Meet with each student at the beginning of the rotation to explain your expectations for oral presentations, written notes, and the student’s role on the team.
- **Facilitating Learning of Basic Internal Medicine**
  - Ask each student his or her goals for the rotation.
  - Provide as much bedside teaching as possible.
  - Require students to present patients they are following on a daily basis.
- **Assisting Students with Career Development**
  - Share why and what you enjoy most about Internal Medicine.
  - Share information on hobbies, interests, family life, etc. as you feel comfortable.
  - Help guide students towards appropriate resident/faculty resources for their specific interests.

*Common areas where you can provide teaching at the bedside:*

- Role model history taking skills that help the student establish rapport with the patient (for example, sitting at the patient’s bedside, instead of standing).
- Demonstrate how you first develop a differential diagnosis, and then use that to ask the patient pertinent questions that support or refute your diagnoses.
- Teach and provide feedback to students about the challenging physical exam findings.

Refer to Appendix A for selected findings taught in the preclinical curriculum:

- Thyroid examination
- Jugular venous pressure
- Hepatojugular reflux
- Examination of heart in left lateral decubitus position
- Spleen examination
- Lower extremity edema
- Lower extremity pulses
EVALUATION AND FEEDBACK

Provide Regular Feedback:
- Observe and provide feedback on brief interactions with patients using the students’ Direct Observation and Feedback (Appendix B) and Oral Presentation forms (Appendix C).
- When asked by the student, complete a Mid-Rotation Student Feedback Form (Appendix D).
  - Actively involve the PGY2/3 in the process if applicable.
- In the middle of the rotation, meet with each student individually to provide feedback.
  - Review their performance on their history and physical exam skills, notes, presentations, and interactions with patients and the team. Give them specific suggestions about skills or behaviors they should work on for the last half of your rotation.
  - The goal of this feedback session is to let students know what they need to do to achieve at least “competent” in each of the areas on your performance evaluation.
    - Be candid with a student who needs improvement and indicate specific steps to achieve competency by the end of the rotation.

Provide Summative Evaluation at the End of the Rotation:
- If you have less than 5 days of contact with the student, please check “cannot evaluate” prior to entering the Student Performance Evaluation form (Appendix E).
- Provide SPECIFIC written comments for the Medical Student Performance Evaluation (MSPE), formerly known as the Dean’s Letter. **Use 3-4 complete sentences.** These comments will appear VERBATIM in the MSPE.
- If, despite feedback, a student did not achieve competency in the areas you are evaluating, please check those areas as “needs improvement” on the student performance evaluation.
  - In the box for comments that are not included in the MSPE (or Dean’s Letter), document the feedback you provided or the discussions you had with the student about these areas – this will help both the student and the Dean’s office develop an individualized learning plan.
- Be sure you review your final evaluation with the student verbally at the end of the rotation (involve the PGY2/3 in this process if applicable).
- **Please submit the final evaluation (via OASIS) within one week of last contact with student.**

Evaluate Your Role as an Attending:
- Periodically ask learners for ideas on how you can improve your role as an attending.
- Students will complete an evaluation at the end of this rotation (Faculty Performance Evaluation, Appendix F).
ROLE OF THE STUDENT

**Written Work:**
- Complete a minimum of 8 new patient admission write-ups each month.
  - At least 6 of these should be an inpatient admission format (2 may be in the form of an on-service note).

**Required Forms and Checklists:**
- Complete the Direct Observation and Feedback form and Oral Presentation forms over 2 months.

**Patient Care:**
- Follow 2-3 patients at a time on a regular basis.
  - Take as much responsibility for patients as possible without jeopardizing the patient’s safety or comfort.
- Arrive before morning work rounds to review events of the previous night and to independently complete a focused history and exam on patients prior to team rounds. (Pre-Round)
- Present patients to the team on work rounds and suggest assessments and plans for the day using a SOAP format.
- Present new cases in <8 minutes, and daily updates in <4 minutes to the ward attending during rounds.
- Write daily progress notes (SOAP notes) using a problem-oriented format with an assessment and plan for each active problem (these must be countersigned).
- If feasible, write daily orders after consultation with the resident (these must be countersigned immediately).
- Do not make patient management decisions without consulting house staff.
- Do not draw blood, start IV’s or have contact with body fluids from HIV positive or Hepatitis C positive patients.

**Student Schedules and Absences:**
- Each student is on call with his/her own team until 11:00 PM.
- Students should not work more than 80 hours/week when averaged over four weeks.
- Students must have 1 full weekend day off each week.
  - Students are also off for scheduled UWSMPH holidays and CORE Days.
- Students who are ill should call the Education office and notify the ward team.

**Mobile Device Use:**
- Turn cell phone to vibrate.
- Refrain from text messaging, checking email, or talking on the phone while engaged in patient care and educational activities.
- Use digital devices exclusively for educational purposes or patient care.
- Ask permission to use a digital device for referencing or note taking.

**Provide Evaluation of Attending(s) and Resident(s):**
- Students should complete an evaluation of you at the end of the rotation.
- A summary will be sent to you after completion of the academic year, provided 3 or more students have completed this evaluation.
ROLE OF THE INTERNS AND RESIDENTS

Serve as a Role Model of Professionalism:
- Ensure that all team members abide by principles of professionalism.
- Avoid complaining to students about matters beyond their control.

Make Your Expectations Clear:
- Be explicit about your expectations for oral presentations, written notes, and the student’s role on the team.

Facilitate Learning of Basic Internal Medicine:
- Encourage student questions at work rounds.
- Allow students to work up new patients first if possible.
- Help students write daily orders on their patients.
- Educate students regarding the daily management of common floor issues and problems (e.g. replacing electrolytes, managing pain, etc.).

Assist Students with Career Development:
- Share why and what you enjoy most about Internal Medicine.
- Share information on hobbies, interests, family life, etc. as you feel comfortable.
- Help guide students towards appropriate resident/faculty resources for their specific interests.

Discuss any concerns you have with the student, senior resident, or the attending.
ADDITIONAL ROLES OF THE SENIOR RESIDENT

Facilitate Learning of Basic Internal Medicine:

- Assign new patients so students evaluate a minimum of 2 new patients per week and follow 2-3 patients at a time
- Review and give feedback on H&Ps
  - Provide specific feedback regarding accuracy of historical information and physical exam
  - Advise students on how a differential diagnosis drives specific questioning in the history and the use of specific techniques in the physical exam
- Review and give feedback on progress notes
  - Assist students in making a focused problem-based assessment
  - Ask students to commit to a differential diagnosis and plan for each problem
- Help students polish their presentations
  - New patient presentations should be no longer than 8 minutes
  - Daily presentations should be no longer than 4 minutes
- Help students learn physical exam techniques
  - Demonstrate physical findings on work rounds
  - Conduct bedside teaching rounds (in addition to work rounds) focusing on communication and physical exam at least biweekly
    - Relate physical findings to underlying pathophysiology as possible
  - Observe and provide feedback for items on their Direct Observation and Feedback form
- Give a short talk at least weekly
  - This should be evidence-based and be relevant to a specific diagnosis and/or presenting syndrome of a patient on-service
APPENDICES

APPENDIX A

Selected Physical Exam Skills

**Palpate thyroid.** Ask patient to slightly extend neck. Using both hands, orient yourself by finding the thyroid cartilage, then cricoid cartilage. Position 2 fingers of each hand on the sides of the trachea, just beneath cricoid cartilage. This is where the isthmus of the thyroid resides. Ask patient to swallow, feeling for movement of thyroid. Then displace trachea to the left and palpate the main body of left thyroid lobe. Repeat maneuver for right thyroid lobe by displacing trachea to the right.

![Thyroid cartilage and cricoid cartilage](image)

**Estimate jugular venous pressure (JVP).** Raise or lower the bed until veins are visible at mid-neck. Identify highest point of pulsation. Using a horizontal line, measure the vertical distance from sternal angle to the pulsation. The JVP is 5 cm more than this height, to account for the distance between sternal angle and right atrium. For example, if pulsation is 2 cm above sternal angle, the jugular venous pressure is 7 cm H2O. The figure below shows use of measuring tools, but you can also estimate this distance with experience.

![Jugular venous pressure measurement](image)

**Test for hepatojugular reflux (HJR).** Apply firm and sustained pressure to mid-epigastric/RUQ region with your right hand. Normally, you will observe a slow increase in JVP with pressure and a slow decline when you remove your hand. If there is venous congestion, (CHF), you will observe an abrupt elevation in JVP with compression, and an abrupt decline with release.

**Examine patient in left lateral decubitus position.** Palpate PMI, then auscultate with the diaphragm and bell. This can accentuate the intensity and detection of the PMI in patients where this is difficult to palpate in the supine position. This position is also used to diagnose mitral valve disorders and to accentuate S3 and S4.
**Palpate the spleen.** With left hand, reach over and around patient to support and press forward the lower left rib cage. With right hand below left costal margin, press in toward spleen. Ask patient to take a deep breath which will move spleen towards your right hand. Try to feel tip or edge of spleen as it comes down to meet your fingertips.

The examination of the spleen is repeated with the patient lying on the right side. This maneuver allows gravity to help bring the spleen anterior and downward into a more favorable position for palpation. The examiner places the left hand on the patient’s left costal margin while the right hand palpates in the left upper quadrant.

**Check for pre-tibial edema.** Press firmly on mid-shin for five seconds; gradually release.
**Palpate popliteal arteries.** Place fingertips of both hands behind knee and allow weight of slightly flexed leg to lie against your fingers.

**Palpate dorsalis pedis arteries.** Place fingertips at top of triangle formed by tendons of first and second toe. If you don’t find the pulse, then move your fingers towards the toe.

**Palpate posterior tibial arteries.** Curve and press fingers behind medial malleolus.
I, ______________________, have been observed and received feedback on the following:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Date of Observation and Feedback</th>
<th>Faculty or Resident Signature</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission, prerounds or interval rounds*</td>
<td></td>
<td>Faculty Only</td>
<td></td>
</tr>
<tr>
<td>Admission, prerounds or interval rounds*</td>
<td></td>
<td>Faculty Only</td>
<td></td>
</tr>
<tr>
<td>Complete pulmonary ROS and exam*</td>
<td></td>
<td>Faculty Only</td>
<td></td>
</tr>
<tr>
<td>Complete cardiac ROS and exam*</td>
<td></td>
<td>Faculty Only</td>
<td></td>
</tr>
<tr>
<td>Complete GI ROS and abdominal exam*</td>
<td></td>
<td>Faculty Only</td>
<td></td>
</tr>
<tr>
<td>Communicate plan of care with patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate plan of care with patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess fluid status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental status exam using screening tool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG interpretation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CXR interpretation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lit. search on focused clinical question/share with team</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Items to be done by faculty only
**APPENDIX C: Oral Presentation Forms**

The students will have electronic versions of the following forms with them during their rotation. Students will complete four of each checklist over the course of the clerkship.

### NEW PATIENT ORAL PRESENTATION

<table>
<thead>
<tr>
<th>YES</th>
<th>PARTIAL</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT’S SELF-IDENTIFIED AREAS FOR IMPROVEMENT/OBSERVATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISTORY AND PHYSICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearly identified a chief complaint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included sequence of events within history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included pertinent history, PMH, meds, FH, SH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical exam presented is appropriately targeted to assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT/PLAN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthesized the critical elements of case into 1-2 sentences; didn’t simply restate presenting symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prioritized problem list with most acute problem first</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed to a primary diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Included differential diagnoses (of up to three diagnoses) or status for primary problem (Narrowed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided clinical reasoning for diagnoses (Analyzed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided a Plan/management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEEDBACK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requested additional information from supervisor to fill knowledge base and/or PE skill gaps (Probed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From gaps, Selected an issue for self-directed learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESENTATION STYLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficiently told a story &amp; made an argument</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailored communication strategy and message to the audience, purpose, and context</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the student able to accurately report the case in enough detail to support their clinical decision-making (assessment/plan)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional feedback:
## BEDSIDE ORAL PRESENTATION

<table>
<thead>
<tr>
<th>STUDENT'S SELF-IDENTIFIED AREAS FOR IMPROVEMENT/OBSERVATION</th>
<th>YES</th>
<th>PAR-TIAL</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included pertinent history, PE, and objective data</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthesized the critical elements of case into 1-2 sentences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided assessment for each problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided rationale for current plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation appropriately organized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used medical jargon appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considered patient, preferences, privacy and confidentiality during presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FEEDBACK**

Accurately identified areas for improvement (above)

**OVERALL**

Was the student able to accurately report the case in enough detail to support their clinical decision-making (assessment/plan)?

Additional feedback:
### APPENDIX D: Mid-Rotation Student Feedback Form

**UWSMPH - Clerkship Mid-Rotation Student Feedback**

Complete Student Self-Assessment, and then review with at least one attending with whom you have spent significant time.

<table>
<thead>
<tr>
<th>STUDENT PERFORMANCE</th>
<th>Student Self Assessment</th>
<th>Attending Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competent: At or above expected performance</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes an effective history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs appropriate physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates differential diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates and manages treatment plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interpersonal &amp; Communication Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with patients and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral presentation skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student:** What am I doing well?

**Student:** What skills do I need to improve? What can I do to advance my performance?

Student’s Signature: __________________________ Print Name: __________________________ Date: ______

**Faculty:** What is the student doing well?

**Faculty:** What skills does the student need to improve? What can the student do to advance performance?

I have concerns about this student’s performance □ No □ Yes

If YES please contact Tara Loushine by email: loushine@medicine.wisc.edu or fax form to: 608-265-2029

Faculty’s Signature: __________________________ Print Name: __________________________ Date: ______
APPENDIX E: Faculty Evaluation of Student Performance

Preview Evaluation

2014-2015: Medicine: 632-812 - 3rd Year Medicine

Student Performance Evaluation

UWSMPH Student Clinical Performance Evaluation - 3rd Year Core - Medicine Attending with Public Health

Course Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2006 - 01/31/2006</td>
<td>XXX-YYY: Department Course</td>
<td>Location</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Evaluation Period: 01/01/2006 - 01/31/2006

Evaluator: Evaluator name

Student: Student name Email: oasishelp@med.wisc.edu

1. Evaluator’s Role:
   - Clerkship Director
   - Attending
   - Resident
   - Combined Faculty
   - Other

Please evaluate the performance of the student in the following competencies using the anchors described below:

Advanced: Highly commendable performance, top 5-10% of students evaluated

Competent: Capable; at expected performance for level

Needs Improvement: Demonstrates initial growth; opportunity for improvement

Unacceptable: Needs attention

Patient Care: Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Takes an effective history
   - Advanced Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.
   - Competent Identifies and characterizes most patient concerns in an organized fashion.
   - Needs Improvement Sometimes misses important information. History generally not fully characterized.
   - Unacceptable: Needs Attention Often misses important information. Patient concerns poorly characterized.
   - Not Evaluated Not observed.

3. Performs appropriate physical exam
• **Advanced** Able to efficiently focus exam based on differential diagnosis. Attentive to detail.
• **Competent** Demonstrates correct technique with an organized approach.
• **Needs Improvement** Does not always demonstrate correct technique. Not consistently organized.
• **Unacceptable: Needs Attention** Disorganized. Frequently not thorough. Misses and/or misinterprets findings.
• **Not Evaluated** Not observed.

4.** Generates differential diagnosis**
• **Advanced** Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.
• **Competent** Consistently generates a complete differential diagnosis.
• **Needs Improvement** Cannot consistently generate a complete differential diagnosis.
• **Unacceptable: Needs Attention** Poor use of data. Misses primary diagnosis repeatedly.
• **Not Evaluated** Not observed.

5.** Generates and manages treatment plan**
• **Advanced** Independently generates treatment plans and manages patients with minimal oversight.
• **Competent** Contributes to the treatment plan and management of patients.
• **Needs Improvement** Does not consistently contribute to treatment plan or management of patients.
• **Unacceptable: Needs Attention** Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.
• **Not Evaluated** Not observed.

**Medical Knowledge:** Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.

6.** Exhibits knowledge of diseases and pathophysiology**
• **Advanced** Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.
• **Competent** Demonstrates expected fund of knowledge for level of training.
• **Needs Improvement** Has gaps in basic fund of knowledge.
• **Unacceptable: Needs Attention** Fund of knowledge inadequate for patient care.
• **Not Evaluated** Not observed.

**Practice-Based Learning and Improvement:** Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence

7.** Demonstrates skills in evidence-based medicine**
• **Advanced** Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.
• **Competent** Routinely accesses primary and review literature. Applies evidence to patient care.
• **Needs Improvement** Reads only provided literature. Inconsistently applies evidence to patient care.
• **Unacceptable: Needs Attention** No evidence of outside research or reading. Unable to access basic databases.
• **Not Evaluated** Not observed.

**Systems-Based Practice:** Students are expected to demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care.

8.** Teamwork**
**Advanced** Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.

**Competent** Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.

**Needs Improvement** Occasional misunderstanding of student role in team. Does not always communicate effectively with team.

**Unacceptable: Needs Attention** Disrespectful to team members. Disrupts team dynamic.

**Not Evaluated** Not observed.

**Interpersonal & Communication Skills:** Students are expected to communicate and collaborate effectively with patients, their families and other health professionals.

9.* Communication with patients and families

- **Advanced** Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy.
- **Competent** Consistently identifies and responds to patients concerns, perspectives and feelings. Uses language effectively, without jargon.
- **Needs Improvement** Sometimes misses patients concerns and emotional cues. Often uses medical jargon.
- **Not Evaluated** Not observed.

10.* Written communication

- **Advanced** Thorough and precise written record. Integrates evidence-based information into assessment and plan.
- **Competent** Thorough and precise written record. Clearly stated assessment and plan.
- **Needs Improvement** Incomplete and poorly organized written record.
- **Unacceptable: Needs Attention** Inaccurate or absent written record.
- **Not Evaluated** Not observed.

11.* Oral presentation skills

- **Advanced** Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written prompts.
- **Competent** Communicates clearly and concisely. Information complete.
- **Needs Improvement** Communication disorganized. Information not clearly presented.
- **Unacceptable: Needs Attention** Poor presentation. Misses key information.
- **Not Evaluated** Not observed.

Please rate the student’s performance in each subject below by choosing a box with the most accurate descriptor. Try to think of specific, witnessed events and behaviors when rating each subject.

**Competent:** At expected performance for level

**Needs Improvement:** Opportunity for Improvement

**Unacceptable:** Requires remediation

**Professionalism:** Students are expected to demonstrate a commitment to carrying out professional responsibilities, and to be responsive and compassionate.

12.* RESPECT AND COMPASSION: Consider how the student shows respect and compassion for others and tolerates differences.

- **Competent** Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.
- **Needs Improvement** Needs to improve ability to demonstrate empathy.
13.* RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.

- **Competent** Accepts feedback without personal offense. Uses feedback to improve performance.
- **Needs Improvement** Accepts feedback with resistance, or takes feedback too personally.
- **Unacceptable: Needs Attention** Denies issues or attempts to blame others.
- **Not Evaluated**

14.* ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.

- **Competent** Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.
- **Needs Improvement** Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.
- **Not Evaluated**

15.* Please provide SPECIFIC comments/examples (suggested 3-4 sentences) regarding this student’s patient care skills (history taking, physical exam, clinical reasoning); interpersonal and communication skills (teamwork, written and oral communication skills) and professionalism. These comments will appear VERBATIM in the student’s Medical Student Performance Evaluation (MSPE), formerly known as the Dean’s Letter.

16. Please comment on areas where the student’s performance will benefit from enhanced skill development. Proposing SPECIFIC next steps for students learning can be helpful. These comments will NOT appear in the MSPE. (FOR STUDENT ONLY)

If this student needs attention in any of the following areas, please check appropriate area. Please provide comments on each section checked. Comments are mandatory

17.* **Patient Care (Needs Attention)**

- Yes
- No

18. **Patient Care (Needs Attention) -- Comments**

19.* **Medical Knowledge (Needs Attention)**
20. Medical Knowledge (Needs Attention) -- Comments

21. Practice-Based Learning and Improvement (Needs Attention)
   - Yes
   - No

22. Practice-Based Learning and Improvement (Needs Attention) -- Comments

23. Systems-Based Practice (Needs Attention)
   - Yes
   - No

24. Systems-Based Practice (Needs Attention) -- Comments

25. Interpersonal and Communication Skills (Needs Attention)
   - Yes
   - No

26. Interpersonal and Communication Skills (Needs Attention) -- Comments

27. Professionalism (Needs Attention)
   - Yes
   - No

28. Professionalism (Needs Attention) -- Comments

29. I have concerns about this student’s performance. The Dean for Students should review his/her record.
   - Yes
   - No

30. I have reviewed this evaluation with the student or given the student summative feedback.
   - Yes
   - No

The following two PUBLIC HEALTH items will not count towards their grade but must be rated by all raters to explore their
future viability. If you cannot assess a student on an item, choose one of the last three response categories that tells us why.

31. **Multi-System Perspective:** Recognizing the impact of social, economic and environmental systems on patients' health
   - **Advanced:** Takes initiative to address impact of social, economic and environmental influences to advance patient care.
   - **Competent:** Spontaneously recognizes impact of social, economic and environmental influences.
   - **Needs Improvement:** Recognizes impact of social, economic and environmental influences if prompted.
   - **Unacceptable:** Rarely if ever considers impact of social, economic and environmental influences, even when prompted.
   - **Cannot Assess:** Applicable in my clerkship but not observable with this student.
   - **Cannot Assess:** Not applicable to my clerkship.
   - **Cannot Assess:** I don't know how to assess this.

32. **Community & System Resources:** Identifying and utilizing community and system resources
   - **Advanced:** Takes initiative to seek out community and system resources to advance patient care.
   - **Competent:** Spontaneously recognizes opportunities and asks appropriate questions about available community and system resources.
   - **Needs Improvement:** Recognizes opportunities for using community and system resources if prompted.
   - **Unacceptable:** Rarely if ever recognizes opportunities to include community and system resources in patient care, even when prompted.
   - **Cannot assess:** Applicable in my clerkship but not observable with this student.
   - **Cannot assess:** Not applicable to my clerkship.
   - **Cannot assess:** I don't know how to assess this.

For office use only

33. Total A:

34. Total B

Return to Evaluation

Problems? Contact [UW OASIS Helpdesk](mailto:UWOASISHelpdesk)

Please Note: This information is intended for your use only. Student record information is protected by the Federal Educational Rights and Privacy Act (FERPA). No information regarding an individual student, other than that defined as directory information (without confidential flag), may be communicated to a third party without the express written consent of the student.

[Powered by OASIS](https://www.oasis-ware.com)

Copyright © 2008-2013 WARF
APPENDIX F: Student Evaluation of Faculty Performance

There are NEW and UPDATED notices

Preview Evaluation
2014-2015: Medicine: 632-812 - 3rd Year Medicine

Faculty Evaluation
Medicine Ward Attending Evaluation

Course Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2006 - 01/31/2006</td>
<td>XXX-YYY: Department Course</td>
<td>Location</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Evaluation Period: 01/01/2006 - 01/31/2006

Faculty: Evaluator name

1.* Hospital
   - Select -

2.* My ward attending made his/her expectations of me clear at the beginning of the time together:
   ○ Yes
   ○ No
   ○ Not sure

3.* My ward attending listened to and provided feedback on presentations of my patients:
   ○ Almost all the time (most days)
   ○ About half the time (at least every other day)
   ○ Occasionally (once a week)
   ○ Never

4.* I found this feedback to be:
   ○ Very useful
   ○ Somewhat useful
   ○ Not useful

5.* My ward attending discussed reasoning behind patient care:
   ○ Almost all the time (most days)
   ○ About half the time (at least every other day)
   ○ Occasionally (once a week)
   ○ Never

6.* I found this discussion to be:
   ○ Very useful
   ○ Somewhat useful
   ○ Not useful
7. My ward attending included me in any discussions that involved my patients:
   - Almost all the time (most days)
   - About half the time (at least every other day)
   - Occasionally (once a week)
   - Never

8. I found this inclusion to be:
   - Very useful
   - Somewhat useful
   - Not useful

9. My ward attending helped me learn communication skills at the bedside:
   - Almost all the time (most days)
   - About half the time (at least every other day)
   - Occasionally (once a week)
   - Never

10. I found this communication teaching to be:
    - Very useful
    - Somewhat useful
    - Not useful

11. My ward attending helped me learn physical exam skills at the bedside:
    - Almost all the time (most days)
    - About half the time (at least every other day)
    - Occasionally (once a week)
    - Never

12. I found this physical exam teaching to be:
    - Very useful
    - Somewhat useful
    - Not useful

13. My ward attending provided me with mid-way feedback:
    - Yes
    - No
    - Not sure

14. I found this midway feedback to be:
    - Very useful
    - Somewhat useful
    - Not useful

15. My ward attending provided me with end of rotation feedback:
    - Yes
    - No
    - Not sure

16. I found this end of rotation feedback to be:
    - Very useful
    - Somewhat useful
    - Not useful

17. Overall as a role model, I consider my ward attending to be:
    - Excellent
    - Very Good
18. Overall as a teacher, I consider my ward attending to be:
   - Excellent
   - Very Good
   - Average
   - Fair
   - Poor

19. Specific examples of what this attending should continue to do while working with students:

20. Specific examples of what this attending could do differently while working with students:

Return to Evaluation

Problems? Contact UW OASIS Helpdesk

Please Note: This information is intended for your use only. Student record information is protected by the Federal Educational Rights and Privacy Act (FERPA). No information regarding an individual student, other than that defined as directory information (without confidential flag), may be communicated to a third party without the express written consent of the student.

Copyright © 2008-2013 WARF