

**Clinical Communication Skills Checklist**  
**Albert Einstein College of Medicine – Introduction to Clinical Medicine**

**Student Name:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Opening Skills**

	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Introduction	Either fails to introduce self, explain role and/or establish names, relationships of patients and families.		Introduces self but fails to completely explain role and/or establish names, relationships of patients and families.		Introduces self, explains role and purpose of encounter, establishes names, relationships of patients and families.	

**Information Gathering Skills**

	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Examines each problem using open to closed questions	Doesn't begin with or effectively use open ended questions.		Starts with open ended questions, May use closed ended questions prematurely or in succession.		Begins and continues with open ended questions. Effectively uses closed ended questions to complete history.	
Calibrates language and vocabulary to that of the patient	Uses language, vocabulary or syntax that patient doesn't fully understand. Frequently uses medical jargon.		Generally uses language, etc that patient understands. May use some medical jargon.		Matches language, vocabulary and syntax to patient's level of understanding. Avoids use of medical jargon or immediately clarifies it.	
Surveys for all problems and concerns (i.e. "what else?")	Fails to identify/discuss patient's problems and concerns. Controls agenda of interview.		Identifies some of patient's concerns but doesn't follow through with addressing concerns or identifying patient's agenda.		Fully identifies all patient's concerns and expectations. Questions for patient's agenda.	

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	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Allows the patient to tell their story	Fails to let patient tell story or sets pace with closed Q and A style, not conversational.		Begins to let patient tell story, but either interrupts or introduces new information.		Encourages and facilitates the patient's telling of the story with open ended questions ("tell me more"). If interruption is present, is it skillful and appropriate.	
Clarifies patient's/ family's unclear statements	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
	Does not attempt to clarify unclear statements.		Sometimes checks for accuracy.		Checks for accuracy and clarifies patients unclear statements.	
Establishes and maintains narrative thread	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
	Does not develop an accurate description of history in chronological sequence.		Partially develops a chronologically accurate history. Some details missing or confused.		Develops an accurate description of history in chronological sequence.	
Summarizes effectively and confirms understanding of patient's problem(s)	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
	Does not summarize content/feelings expressed.		Restates content/feeling of some areas.		Concludes discussion of most areas by restating content/feelings expressed.	
Asks patient about ideas about illness or problem(s)	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
	Does not elicit patient's ideas/beliefs about cause or treatment of illness.		Identifies but does not fully explore patient's beliefs about illness.		Fully explores patient's ideas/beliefs about cause or treatment of problem.	
Explores psychosocial context of problem(s)	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
	Does not ask about family, community and religious or spiritual context of problem(s).		Explores some aspects of patient's psychosocial context (family, etc.)		Fully explores psychosocial context of problem (family, community, religion, spirituality, etc.).	

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	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Uses facilitative listening skills	Does not encourage the patient to speak (lack of encouraging remarks, “uh-huh”s or echoing). Does not allow sufficient pauses.		Encourages patient to speak some of the time. Sometimes allows sufficient pauses.		Encourages patient to speak using echoing (repeats some portion of what patient just said), “uh-huh”s, encouraging remarks. Always allows sufficient pauses.	
<b><i>Relationship Skills</i></b>						
	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Uses appropriate eye contact	Does not maintain eye contact.		Makes some eye contact but not optimal.		Maintains eye contact at comfortable intervals throughout the interview.	
	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Uses open and receptive non-verbal behavior	Body positioning is closed with arms folded and/or leaning back; facial expression and/or tone of voice convey lack of interest or attentiveness.		Body positioning, facial expression and tone of voice made interviewer appear somewhat interested and attentive.		Body positioning, physical contact, facial expression and tone of voice convey interest, attentiveness and acceptance throughout the interview.	
	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Inquires about and acknowledges the impact of the illness or problems(s) on the patient's life	Fails to inquire or acknowledge any impact of the illness on the patient's life or self-image.		Partially addresses the impact of the illness and/or offers no counseling or resources to help.		Explores the patient's feelings about his illness, how it has changed his life and tries to counsel the patient and/or recommend resources to help.	

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	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Recognizes and responds to patient's emotions with relevant PEARLS statements.	Does not attempt to understand or reflect patient's feelings. Ignores pain or discomfort. (i.e. physical/emotional). Frequently misses emotional cues.		Makes some PEARLS statements but misses opportunities to do so. Incompletely respond to emotional cues.		Frequently elicits and responds to patient's emotions with appropriate PEARLS statements at every opportunity.	
Provides Closure	Does not encourage patient to ask questions, check for understanding or summarize key points of visit. Does not inform patient of what is going to happen next.		Reviews some aspects of information covered during visit and what is going to happen next.		Summarizes key points of visit. Asks for questions and checks for understanding. Clearly explains what is going to happen next.	
<b>Relationship-Building Skills (PEARLS)</b>						<b>(✓ when used)</b>
<b>Partnership</b> -	Demonstrates joint problem-solving, a sense of working together with patient					<input type="checkbox"/>
<b>Empathy</b> -	Responds to and demonstrates understanding of the patient's emotions					<input type="checkbox"/>
<b>Apology</b> -	Acknowledges "faux pas," misunderstandings and mistakes.					<input type="checkbox"/>
<b>Respect</b> -	Demonstrates respect for patient's choices traits, and background					<input type="checkbox"/>
<b>Legitimation</b> -	Normalizes and validates the patient's feelings and choices					<input type="checkbox"/>
<b>Support</b> -	Offers on-going support for the patient that conveys an attitude of non-abandonment					<input type="checkbox"/>
<b>Cross-cultural Communication Skills</b>						
	<b>Does Not Employ</b>		<b>Partially Employs</b>		<b>Consistently Employs</b>	<b>Comments</b>
Elicits and is respectful of patient's healing traditions, health beliefs & practices	Does not elicit and/or fails to respect patient's traditional/cultural health beliefs & practices		May elicit but does not fully explores cultural healing traditions & practices. Inconsistently respectful of beliefs/practices.		Fully explores and is consistently respectful of patient's traditional/cultural healing traditions & practices	

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<i>Seven Content Dimensions</i>	(✓ when asked)
Location	<input type="checkbox"/>
Quality	<input type="checkbox"/>
Severity	<input type="checkbox"/>
Timing	<input type="checkbox"/>
Context	<input type="checkbox"/>
Modifying Factors	<input type="checkbox"/>
Associated Signs and Symptoms	<input type="checkbox"/>
<b>Comments (Summarize strengths and weaknesses)</b>	

## Family Medicine Clerkship Evaluation 2014-2015

### Introduction

We hope you found the Family Medicine clerkship experience to be a valuable component of your medical education!

This survey covers aspects of the clerkship not included in the OER evaluation. There are open-ended questions at the end of the survey to capture your comments.

Your feedback is very important as we strive to improve the clerkship. All responses are reviewed AFTER grades have been submitted to the Registrar's Office. Responses are kept confidential and are only reported to faculty (including clerkship directors) in aggregate every 6 months. No individuals are identified.

This survey will take approximately 20 minutes to complete online. Please submit this evaluation by 11:59 p.m. on the last Friday of the clerkship. Thank you!

#### 1. Please select the rotation you are evaluating:

#### 2. Please tell us about your career plans.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Prior to this clerkship, I planned to pursue a career in family medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As of today, I plan to pursue a career in family medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 3. Regardless of location, do you plan to care primarily for an underserved population?

- Yes
- No
- Undecided

### Orientation

#### 1. Please rate the following statements about the Family Medicine Orientation session:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The clerkship objectives were clearly presented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clerkship assignments were clearly described.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the clerkship grading system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Family Medicine Clerkship Evaluation 2014-2015

### 2. Please rate the following statements about the orientation at your clinical site:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My role was clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How I would be evaluated was clearly defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Learning Experiences

**In the following 2 questions, clerkship learning experiences are in rows, and clerkship learning objectives are in columns.**

### 1. Please check the box for any or all learning experiences which helped you to achieve each learning objective.

	Obtain a relevant patient history from a patient with symptom (s) or health concern (s) commonly seen in the Family Medicine outpatient setting.	<b>Formulate a patient-centered management plan that integrates bio- psychosocial considerations.</b>	Document accurate and relevant information in a succinct written note about the patient encounter.	<b>Conduct a physical examination relevant to the patient's reason for seeking care in the Family Medicine outpatient setting.</b>	Demonstrate sound clinical reasoning by formulating a differential diagnosis that includes most likely and most serious possible diagnosis, based on the history and physical exam.
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fmCASEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pall. Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Medicine Clerkship Evaluation 2014-2015

**2. Please check the box for any or all learning experiences which helped you to achieve each learning objective.**

Develop an evidence-based health maintenance plan based on an individual patient's demographics and risk factors.	<b>Communicate effectively with people from diverse backgrounds (e.g., patients, families, health professionals, advocates, community partners, agencies, and the public).</b>	Apply analytic methods (e.g., needs assessment, evaluation development, evaluation implementation, data synthesis) to address a health problem at the community or population health levels.	<b>Make use of community assets and resources with the aim of improving the health of individuals, families, and communities.</b>	Discuss the role of socioeconomic, environmental, cultural, and other population-level determinants of health on the health status and health care of individuals, families, and populations.
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fmCASEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pall. Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Please identify the faculty involved in your Palliative Care clinical experience (patient interview and debriefing).**

Other (please specify)



## Family Medicine Clerkship Evaluation 2014-2015

### 4. Please indicate your level of agreement with the following statements related to the OSCE experience.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The clerkship provided adequate preparation for the shared decision-making station.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clerkship provided adequate preparation for the palliative care station.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The OSCE should take place before the last week of the clerkship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OSCEs should be part of the clerkship final exam in future years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

## Family Medicine Clerkship Evaluation 2014-2015

### 5. Please evaluate the Family Medicine teaching sessions.

	Increased knowledge	Increased comfort	Opportunities for questions	Opportunities to apply content	Student-student interaction
Introduction to Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay, Bisexual, Transgender Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Back Pain / Complementary Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBL: Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBL: Hypertension / Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TBL: Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fmCASE: Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fmCASE: Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fmCASE: Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care Introduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care Clinical Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6. Rate the quality of:

	Poor	Fair	Good	Very good	Excellent	Did not use
fmCASEs (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCORE Modules (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Textbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 7. Select your clinical site:

Other (please specify)

## Family Medicine Clerkship Evaluation 2014-2015

### 8. Estimate the percentage of time you spent during your clinical experience:

"seeing patients on your own" (with attending supervision)

"shadowing the attending"

### 9. Rate the following statement regarding your experience at the clinical site:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I was able to write notes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My notes were reviewed by the attending.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to present assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to present plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received feedback in a constructive manner about STRENGTHS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received feedback in a constructive manner about areas to IMPROVE.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The midway feedback session was valuable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The site director conducted an adequate review of my patient logs during the midway feedback session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Community Project

### 1. Select your Community Project Site

Other (please specify)

### 2. Did you participate in structured service learning (a structured opportunity to examine service in the context of educational goals and personal reflection)?

- Yes
- No

## Family Medicine Clerkship Evaluation 2014-2015

**3. In the following table, aspects of the community project are in rows, and clerkship learning objectives are in columns.**

**Please check the box for any or all aspects of the community project which helped you to achieve each learning objective.**

		<b>Apply analytic methods (e.g., needs assessment, evaluation development, evaluation implementation, data synthesis) to address a health problem at the community or population health levels.</b>	Make use of community assets and resources with the aim of improving the health of individuals, families, and communities.	<b>Discuss the role of socioeconomic, environmental, cultural, and other population- level determinants of health on the health status and health care of individuals, families, and populations.</b>
Bronx Intro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Tour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Intro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tech. Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients / Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Site Advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Site Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand-off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check-ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Tool Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Literacy / Cultural Competency Modules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Medicine Clerkship Evaluation 2014-2015

### 4. Rate the quality of:

	Poor	Fair	Good	Very good	Excellent	Did not attend
The Introduction to the Bronx Session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Bronx Bus Tour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Introduction to the Community Project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Technical Assistance Session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project Site (overall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision at Project Site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance by Director of Community Health Outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance by Other Clerkship Faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 5. Do you believe that your instruction in the following areas was inadequate, appropriate, or excessive:

	Inadequate	Appropriate	Excessive
Health care systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical economics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role of community health and social service agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally appropriate care for diverse populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and healthcare disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health determinants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health surveillance strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 6. How will this community experience influence your future interactions with patients in your specialty of choice?

### Overall Experience

## Family Medicine Clerkship Evaluation 2014-2015

### 1. Please rate the clerkship.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The overall clerkship experience provided me with the knowledge and skills to provide basic primary care services to patients, families, and communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to identify the role of psychosocial and cultural factors in health and illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Please comment on one or more aspects of the Family Medicine clerkship that exceeded your expectations:

### 3. Please comment on aspects of the clerkship that need improvement.

### 4. Please provide any additional comments about the Family Medicine clerkship here:

**Case Write-up Grading Criteria  
Introduction to Clinical Medicine**

**Student Name:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Faculty Name:** \_\_\_\_\_

**ORGANIZATION**

	<b>Exceeds Criteria</b>	<b>Meets Criteria</b>	<b>Needs Improvement</b>
Follows case write-up guidelines	All sections of case write-up are included in correct order. <input type="checkbox"/> All information is included in the correct section <input type="checkbox"/>	All sections of case write-up are included. <input type="checkbox"/> Most of the information appears in the correct section. <input type="checkbox"/>	Sections of the case write-up are missing. <input type="checkbox"/> Much of the information is repeated in more than one section or appears in the wrong section. <input type="checkbox"/>
Logical, chronological flow of information	Patient's history is presented logically and follows a clear chronology/ sequence <input type="checkbox"/>	Patient's history is presented logically. Most of the history is chronologically clear and accurate. <input type="checkbox"/>	Patient's history is not presented logically and chronology is unclear or inaccurate. <input type="checkbox"/>

*Comments:*

**CONTENT**

	<b>Exceeds Criteria</b>	<b>Meets Criteria</b>	<b>Needs Improvement</b>
Details included for each section of write-up and data is accurate	Information described in each section of write-up is detailed, thorough, objective and accurate. <input type="checkbox"/>	Most of the available information is presented. <input type="checkbox"/> All data is objective and accurate. <input type="checkbox"/>	Some or all sections of the write-up are incomplete. <input type="checkbox"/> Important data is missing or incorrect. <input type="checkbox"/>
Addresses assessment of patient and management plan	All of patient's problems are discussed. <input type="checkbox"/> A plan is outlined for each problem. <input type="checkbox"/>	All of the patient's major problems are listed. <input type="checkbox"/> An overall plan is thoughtfully discussed. <input type="checkbox"/>	Does not address all of patient's major problems. <input type="checkbox"/> Plan is not thoughtfully discussed. <input type="checkbox"/>
Overall, content is sufficient to tell the patient's story	Write-up conveys full picture of patient's story <input type="checkbox"/>	Write-up mostly succeeds in telling the patient's story. <input type="checkbox"/>	Write-up does not succeed in telling the patient's story. <input type="checkbox"/>

*Comments:*

**TIMELINESS**

Submitted when due	___ yes	___ no
If rewrites, submits as requested	___ yes	___ no

*Comments:*

**Albert Einstein College of Medicine  
Introduction to Clinical Medicine: Introduction to the Patient  
Mid-Course Faculty Feedback for Students**

**Student** \_\_\_\_\_  
**Small Group #** \_\_\_\_\_

**Class** \_\_\_\_\_

**Date** \_\_\_\_\_  
**Small Group Leaders**

**Note to Faculty:** Please consider the dotted line along the bottom of each proficiency standard a continuum. Place a checkmark along this continuum in any of the categories below that you feel you can sufficiently provide feedback to the students. Use the space provided below to provide narrative comments

<b>Interpersonal and Communication Skills</b>			
<b>ICM Competency</b>	<b>EXCEEDS CRITERIA (Consistently surpasses)</b>	<b>MEETS CRITERIA (Meets standard)</b>	<b>NEEDS IMPROVEMENT (Rarely meets standard)</b>
1. ICM students are expected to conduct a medical interview and a) Elicit pertinent biological, psychosocial information	The student effectively uses information-gathering skills and elicits all or most elements of history including psycho-social elements.	The student uses information-gathering skills and elicits information in the seven content areas including psycho-social elements.	The student does not demonstrate use of information gathering skills. Interviews consistently lack pertinent elements, historical information.
	■ ..... ■	■ ..... ■	■ ..... ■
b) Demonstrate command of the structure of the interview	The student is able to organize the structure of the interview and the historical elements into a chronological and cohesive story.	The student is able to follow the structure of the interview. Historical content has some chronology and cohesion.	The student is not able to follow the structure of the interview. The histories elicited are non-chronological and confusing.
	■ ..... ■	■ ..... ■	■ ..... ■
c) Establish relationship with patient	The student demonstrates the ability to effectively use relationship building skills.	The student uses some relationship building skills. Interviews are comfortable for the patients.	The student is unable to effectively apply relationship building skills. Interviews are sometimes awkward and uncomfortable for the patient.
	■ ..... ■	■ ..... ■	■ ..... ■
2. To give a oral case presentation including: a) An opening statement b) Beginning to organize content addressing the elements of the standard format	Oral case presentations are well organized with a descriptive opening statement and content conforming to a standard format.	Oral case presentations have some organization, begin with an informative opening statement, include much of the important historical content and conform at least somewhat to the standard format.	Oral presentations are disorganized, lacking an informative opening statement, lacking much important historical content and not conforming to the standard format.
	■ ..... ■	■ ..... ■	■ ..... ■



<b>Professionalism</b>			
<b>ICM Competency</b>	<b><i>EXCEEDS CRITERIA (Consistently surpasses)</i></b>	<b><i>MEETS CRITERIA (Meets standard)</i></b>	<b><i>NEEDS IMPROVEMENT (Rarely meets standard)</i></b>
1. Participation/Relationship with group	Student is an active and prepared participant. Comments contribute to and elevate the level of discourse. Feedback to other is respectful and constructive.	Student participates with constructive feedback to peers and values others opinions. Comes prepared for group discussions. Overall contributes to a positive learning environment.	Student does not participate or come unprepared. At times disrespectful to peers or faculty. Does not value others opinions.
	■ ..... ■	■ ..... ■	■ ..... ■
2. Relationship with small group leaders	Student is always respectful to faculty. Submits all assignments in a timely manner and attends all sessions on time.	Student is always respectful to faculty. Submits all assignments in a timely manner. Attends as assigned or notifies in advance of absence/lateness.	Disrespectful to faculty Assignments are not timely. Absences/ lateness notification inadequate.
	■ ..... ■	■ ..... ■	■ ..... ■
3. Professional demeanor a) Professional dress to class and on visits to medical facilities b) Relationship with patients	Professional dress to class and on visits to medical facilities. Interacts with patients in a professional manner. Carries the mantle of a physician.	Professional dress to class and on visits to medical facilities. Interacts with patients in a professional manner.	Dress to class and on visits to medical facilities is unprofessional (Revealing or suggestive, sloppy, inappropriately casual). Interactions with patients are overly casual or otherwise unprofessional.
	■ ..... ■	■ ..... ■	■ ..... ■

**Please provide some narrative comments that elaborate on strengths and weaknesses with specific emphasis on areas of focus for the remainder of the course. Use this space to comment on “patient care” and/or “self-directed learning and improvement” (see final course evaluation) as needed.**

**Comments:**

**Faculty Signature:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_



## **Introduction to the Patient**

### **General guidelines for reflective writing:**

1. Critical reflection requires the writer to analyze a behavior, attitude or emotional response in a number of ways and from a number of perspectives. The ability to reflect critically is a skill. As with most skills, some individuals have innate abilities, some can readily acquire the skill and others may struggle to master the skill or may demonstrate little mastery after prolonged or repeated effort.
2. Most often skill acquisition occurs incrementally and is not always linear. The Reflective Writing Evaluation Rubric indicates a sequence of reflective stages. Successive levels of reflection require more in-depth analysis from multiple perspectives.
3. In considering a particular reflection assignment, think about an experience that evoked thoughts or feelings that were totally unexpected, or were pronounced to a degree that was unanticipated. You might also consider powerful or significant thoughts or emotions, ones that stayed in your thoughts long after the experience.
4. Prior to writing, spend some time thinking about the experiences or clinical vignette in relation to the suggestions below. While it is not essential that you respond to every item below in every essay, these suggestions are prompts to help you gauge the degree to which you have achieved critical reflection.

#### Suggested Areas for Reflection:

- a. Describe the specific thoughts and emotional reactions that were aroused (i.e. uncertainty, fear, anger, confusion, empathy, compassion, insecurity, repulsion, negative judgment) in response to the experience.
- b. Fully consider and carefully describe any ideas, hunches or understanding of why these particular thoughts and feelings may have been aroused.
- c. Critically analyze the experience by:
  1. Thinking about the role of the context of the event and the system in which it occurred.
  2. Considering the experience from the perspective of each of the key actors involved
  3. Distinguishing what you know about what happened as either objective (fact) or subjective (opinion)

4. Identifying how your own personal history, values, biases and assumptions may be having an impact on how the experience is perceived and reacted to emotionally and behaviorally.
- d. Lessons learned
    1. Describe any changes in perspective that have resulted
    2. Describe any ways in which your expectations about doctoring, aspired professional identity, ethics and view of ideal professional practice standards have been affected.

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### Introduction to the Patient - Reflective Writing Evaluation Rubric

Reflection level	Description of Level	Examples for 1 <sup>st</sup> year students
Unsatisfactory	Did not complete assignment as outlined, didn't follow directions. Writing is inadequate in length or quality.	Lists, venting, unrelated series of events or content of writing unrelated to assignment.
Non-reflective/ describing	Describes event(s) or clinical experience(s) without any reflective or emotional content. Writing is anonymous fact based description of what happened. No discussion of analysis of event(s) and limited mention of why experience was meaningful to them.	"The patient was brought into the ER and was very ill. He was diagnosed as having a heart attack and the doctors worked quickly to stabilize him." "The doctors in this clinic are very hard working and devoted to their patients."
Reflective	Describes event(s) or clinical experience(s) with reflective content. Demonstrates ability to distinguish objective (fact) from subjective (opinion). Questions what happened or explores meaning of events. Describes their reaction to what happened in emotional terms or reflects some understanding of their emotional reactions.	"The very ill patient was brought into the ER and I was amazed at how calm the doctors were. Everything happened so fast. I was frightened for the patient and for the family when they told him that he had had a heart attack."
Critically reflective	Describes event(s), experience(s) from multiple perspectives, reflects on the perspectives of others. Considers the context and variables that might have accounted for how the event(s) played out. Discusses in some depth their thoughts and feelings about what happened.	"When the patient was brought in by the EMTs it was amazing to me the difference between my own reaction and the ER docs. They were able to remain calm and focused while I could feel my heart racing. I thought about how long it takes during training to be able to remain calm in a life or death situation. I also wondered whether the patients family appreciated the MDs calm or thought they were indifferent."

<p>Critically reflective with lessons learned</p>	<p>Discusses in depth how they responded to /reacted to the events/experiences and how these events affected their thinking and may have changed their perspective. Describes what they learned about themselves or how what they already know about themselves affected their interpretation of the experiences. If involved in a clinical role, describes what they learned in terms of c<sup>©</sup>2010 Felise Milan, MD, Norm Brier, PhD, Dan Myers, LCSW linical medicine/care.</p>	<p>“I have never been able to stay calm in the face of an emergency. It is like my nervous system is just not wired for that. I was astounded at how the ER docs were able to maintain their calm and focus every time a really ill patient was brought in. There were clearly protocols and procedures that they had in their heads that they followed. When I spoke to my preceptor afterwards he said that these help them to think clearly and move quickly. My time in the ER gave me a real respect for what ER docs do.”</p>
<p>Reflects and Integrates</p>	<p>In discussing the events/experiences integrates prior experiences that further inform their analysis of what they learned or how they understand the meaning of the experience. Able to analyze how what was learned from experiences informs their professional identity or role in medicine. Describes lessons learned and how they will change their behavior in the future based on them.</p>	<p>(continued from above) When thinking about how I would be able to function in such a setting I thought that while some people are well suited for the ER it might not be the place for me. I might learn to think straight in emergencies but would very much miss the opportunity to develop an ongoing relationship with my patients. During medical school I will need to continue to expose myself to a variety of environments and think carefully about what skills and dispositions are needed for each.</p>

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Albert Einstein College of Medicine

## THE CLINICAL EXAMINATION, PART 1

### PRECEPTOR EVALUATION OF STUDENT

Student: «Name» Preceptor: «F» Class: 2016 Date: \_\_\_\_\_

*Instructions: Please place an "x" on the dotted line that corresponds to student's level of performance*

ICM Competency	Exceeds Competency	Meets Competency	Does Not Meet Competency
<b>CLINICAL KNOWLEDGE</b>			
<ul style="list-style-type: none"> <li>Utilizes basic science knowledge, i.e. anatomy &amp; physiology, to inform proper performance of physical examination (PE) techniques</li> </ul>	Consistently and effectively uses basic science knowledge, particularly from anatomy and physiology, to inform proper PE technique. ■.....■	Uses basic science knowledge to inform proper PE technique most of the time. ■.....■	Lacks understanding or utilization of basic science knowledge to demonstrate proper PE techniques. ■.....■
<ul style="list-style-type: none"> <li>Recognizes normal PE findings</li> </ul>	Consistently demonstrates accurate recognition of normal PE findings. ■.....■	Recognizes normal PE findings most of the time. ■.....■	Often has difficulty recognizing normal PE findings. ■.....■
<b>TECHNICAL SKILLS</b>			
<ul style="list-style-type: none"> <li>Demonstrates proper use of instruments for PE</li> </ul>	Consistently demonstrates appropriate understanding and use of PE instruments without hesitancy. ■.....■	Consistently demonstrates both understanding and appropriate use of PE instruments (full mastery not required) ■.....■	Lacks the understanding or technical skills to use PE instruments appropriately. ■.....■
<ul style="list-style-type: none"> <li>Demonstrates all the components of the PE</li> </ul>	Consistently demonstrates the ability to perform a logical, fluid and organized PE of all body systems. ■.....■	Demonstrates the ability to perform an organized PE of all body systems with minor omissions or minor hesitancy. ■.....■	Has difficulty performing an appropriate full PE of the body. ■.....■
<ul style="list-style-type: none"> <li>Utilizes the review of system in the context of the medical history</li> </ul>	Demonstrates an ability to elicit a review of systems in an organized and efficient manner. ■.....■	Demonstrates an ability to elicit a relevant review of systems with some efficiency in an organized manner. ■.....■	Has difficulty conducting a review of systems; is inefficient and/or disorganized. ■.....■

INTERPERSONAL/PROFESSIONAL CHARACTERISTICS			
<ul style="list-style-type: none"> <li>Attends all sessions/ Participates in discussions and skills practice</li> </ul>	Attends all sessions, is always on time and eagerly participates in discussions and PE skills practice ■.....■	Has no more than one excused absence, is always on time and willingly participates in discussions and PE skills practice ■.....■	Misses more than one session (even if excused absence) or has any unexcused absences, is late to sessions and is not an active participant in either discussions or PE skills practice ■.....■
<ul style="list-style-type: none"> <li>Comes prepared to sessions, i.e. completes assigned readings</li> </ul>	Consistently prepared for sessions, brings PE instruments and consistently demonstrates solid knowledge of assigned material. ■.....■	Is prepared for sessions, brings PE instruments and performance/participation reflects knowledge of the assigned material. ■.....■	Is not prepared for sessions; often does not have PE instruments and performance/participation doesn't reflect knowledge of assigned material. ■.....■
<ul style="list-style-type: none"> <li>Demonstrates concern for peers' privacy, comfort and confidentiality during PE practice</li> </ul>	Consistently demonstrates exceptional sensitivity, insight and understanding of the importance of privacy, comfort and confidentiality in the practice of PE on a peer ■.....■	Demonstrates an awareness/respect of the importance of privacy, comfort and confidentiality in practicing PE techniques on a peer ■.....■	Lacks the awareness, sensitivity and/or respect for a peer's privacy, comfort and confidentiality in practicing PE techniques on a peer ■.....■
<ul style="list-style-type: none"> <li>Demonstrates motivation for achieving or exceeding competency in course objectives</li> </ul>	Consistently demonstrates intellectual curiosity and motivation in achieving and in some instances, exceeding accomplishment of course objectives ■.....■	Demonstrates motivation in achieving all the course objectives ■.....■	Appears unmotivated and disinterested in learning or achieving course objective ■.....■
<ul style="list-style-type: none"> <li>Utilizes feedback from peers and preceptors to improve physical examination skills</li> </ul>	Consistently utilizes feedback from peers and preceptors and is open to constructive criticism ■.....■	Utilizes feedback from peers and preceptors and is open to constructive criticism ■.....■	Does not utilize feedback from peers and preceptors and is open to constructive criticism ■.....■



ASSIGNMENT- Hypothesis Driven PE Exercise			
<ul style="list-style-type: none"> <li>Applies basic science knowledge to portray a case and to formulate a differential diagnosis</li> </ul>	Uses multiple relevant basic science references to accurately portray a case presentation with a discernible diagnosis ■.....■	Incorporates basic science in portraying a clinical case presentation and formulates a discernible differential diagnosis ■.....■	Portrays a clinical case that is lacking in basic scientific standing and does not formulate a clear diagnosis ■.....■
<ul style="list-style-type: none"> <li>Utilizes appropriate teaching techniques to facilitate discussion with peers in the group</li> </ul>	Engages peers in an interactive discussion of the case presentation demonstrating exceptional understanding of the diagnosis portrayed and differentiates it from other diagnoses ■.....■	Engages peers in a discussion of the case presentation demonstrating understanding of the diagnosis portrayed ■.....■	Has difficulty leading a discussion of the case presentation and/or lack of understanding of the diagnosis and the differential possibilities ■.....■
<ul style="list-style-type: none"> <li>Shows preparedness in presenting a case that is thorough, logical and can be differentiated from at least one other diagnosis</li> </ul>	Is very well prepared and presents a carefully conceived and thorough portrayal of a patient with a diagnosis that can be differentiated from other possible diagnoses ■.....■	Is prepared by presenting a clear case portraying the signs and symptoms of a particular diagnosis with differentiation from at least one other possible diagnosis ■.....■	Is unprepared; does not portray a patient with a discernible diagnosis. Signs and symptoms of the case are not characteristic of the diagnosis or don't follow a logical presentation. ■.....■

**GLOBAL ASSESSMENT**

- Overall consistently meets expected competency level for a second-year medical student

*(Ready to progress to Part 2 of the course; To perform physical examination of patients in the clinical setting)*

YES \_\_\_ No \_\_\_

**COMMENTS**

**PE SKILLS COMPETENCY SCORE**

Raw Score \_\_\_\_\_ Percentage \_\_\_\_\_

Mean Score \_\_\_\_\_ Minimum Passing Score \_\_\_\_\_

Student completed all the requirements for the supplemental activities in this course.

YES \_\_\_ NO \_\_\_

**THE CLINICAL EXAMINATION, PART 2**  
**PRECEPTOR EVALUATION OF STUDENT**

Student: «Name» Preceptor: «Preceptor» Site: «Clinical Site» Class: 2016 Date: \_\_\_\_\_

*Instructions: Please place an "x" on the dotted line that corresponds to student's level of performance*

ICM Competency	Exceeds Competency	Meets Competency	Does Not Meet Competency
<b>CLINICAL KNOWLEDGE</b>			
<ul style="list-style-type: none"> <li>Applies basic science knowledge, i.e. anatomy &amp; physiology, to inform proper performance of physical examination (PE) techniques</li> </ul>	Consistently and effectively uses basic science knowledge, particularly from anatomy and physiology, to inform proper PE technique. ■.....■	Uses basic science knowledge to inform proper PE technique most of the time. ■.....■	Lacks understanding or utilization of basic science knowledge to inform proper PE techniques. ■.....■
<ul style="list-style-type: none"> <li>Recognizes the range of normal findings and interprets abnormal PE findings</li> </ul>	Consistently demonstrates accurate recognition of normal PE findings and is able to regularly interpret abnormal PE findings. ■.....■	Recognizes normal PE findings most of the time and is able to interpret abnormal PE findings most of the time. ■.....■	Often has difficulty recognizing normal PE findings and interpreting abnormal PE findings. ■.....■
<b>CLINICAL SKILLS</b>			
<ul style="list-style-type: none"> <li>Demonstrates proper use of instruments for PE</li> </ul>	Consistently demonstrates appropriate understanding and use of PE instruments without hesitancy. ■.....■	Consistently demonstrates both understanding and appropriate use of PE instruments (full mastery not required) ■.....■	Lacks the understanding or technical skills to use PE instruments appropriately. ■.....■
<ul style="list-style-type: none"> <li>Demonstrates all the components of the PE</li> </ul>	Consistently demonstrates the ability to perform a logical, fluid and organized PE of all body systems. ■.....■	Demonstrates the ability to perform an organized PE of all body systems with minor omissions or minor hesitancy. ■.....■	Has difficulty performing an appropriate full PE of the body. ■.....■
<ul style="list-style-type: none"> <li>Demonstrates elicitation of the patient history and a complete review of system</li> </ul>	Demonstrates an ability to elicit a history and review of systems in an organized and efficient manner. ■.....■	Demonstrates an ability to elicit a history and relevant review of systems with some efficiency in an organized manner. ■.....■	Has difficulty eliciting a patient history and review of systems; is inefficient and/or disorganized. ■.....■

<ul style="list-style-type: none"> <li>Demonstrates effective and empathic listening skills with patients in response to both verbal and non-verbal cues</li> </ul>	<p>Consistently demonstrates an ability to respond effectively to a patient's words and body language to help build a sensitive and therapeutic rapport with the patient</p> <p>■.....■</p>	<p>Demonstrates an overall ability to respond appropriately to a patient's words and body language to help build a rapport with the patient.</p> <p>■.....■</p>	<p>Misses patient cues, both verbally and non-verbally that compromises the development of an effective rapport with the patient.</p> <p>■.....■</p>
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<b>INTERPERSONAL/PROFESSIONAL CHARACTERISTICS</b>			
<ul style="list-style-type: none"> <li>Attends all sessions/ Participates in case discussions and skills practice</li> </ul>	<p>Attends all sessions, is always on time and eagerly participates in discussions and clinical skills practice</p> <p>■.....■</p>	<p>Has no more than one excused absence, is always on time and willingly participates in discussions and clinical skills practice</p> <p>■.....■</p>	<p>Misses more than one session (even if excused absence) or has any unexcused absences, is late to sessions and is not an active participant in either discussions or clinical skills practice</p> <p>■.....■</p>
<ul style="list-style-type: none"> <li>Demonstrates sensitivity to patient's privacy, comfort and confidentiality during encounter</li> </ul>	<p>Consistently demonstrates exceptional sensitivity, insight and understanding of the importance of patients' privacy, comfort and confidentiality</p> <p>■.....■</p>	<p>Demonstrates an awareness/respect of the importance of patients' privacy, comfort and confidentiality</p> <p>■.....■</p>	<p>Lacks the awareness, sensitivity and/or respect for patient's privacy, comfort and confidentiality</p> <p>■.....■</p>
<ul style="list-style-type: none"> <li>Demonstrates motivation for achieving or exceeding competency in course objectives</li> </ul>	<p>Consistently demonstrates intellectual curiosity and motivation in achieving and in some instances, exceeding accomplishment of course objectives</p> <p>■.....■</p>	<p>Demonstrates motivation in achieving all the course objectives</p> <p>■.....■</p>	<p>Appears unmotivated and disinterested in learning or achieving course objective</p> <p>■.....■</p>
<ul style="list-style-type: none"> <li>Utilizes feedback from peers and preceptors to improve clinical skills</li> </ul>	<p>Consistently utilizes feedback from peers and preceptors and is open to constructive criticism</p> <p>■.....■</p>	<p>Utilizes feedback from peers and preceptors and is open to constructive criticism</p> <p>■.....■</p>	<p>Does not utilize feedback from peers and preceptors and is open to constructive criticism</p> <p>■.....■</p>

CLINICAL REASONING SKILLS			
<ul style="list-style-type: none"> <li>Utilizes historical and PE data to inform development of a differential diagnosis</li> </ul>	<p>Demonstrate the ability to reason clinically clearly and logically employing scientific knowledge and limited experience to build a defensible differential diagnosis.</p> <p>■.....■</p>	<p>Demonstrate the ability to reason clinically to build a defensible differential diagnosis.</p> <p>■.....■</p>	<p>Struggles to make reasonable connections with data gathered from the history and PE in building a defensible differential diagnosis.</p> <p>■.....■</p>
<ul style="list-style-type: none"> <li>Formulates a reasonable basic patient problem list</li> </ul>	<p>Demonstrates a perceptive ability to generate an exhaustive list of the patient's needs either during the oral presentation or on the patient case write-up on a consistent basis.</p> <p>■.....■</p>	<p>Demonstrates an ability to build a list the patient's basic needs either during the oral presentation or on the patient case write-up.</p> <p>■.....■</p>	<p>Struggles to generate a list that represents the patient's most basic needs either during the oral presentation or on the patient case write-up.</p> <p>■.....■</p>
<ul style="list-style-type: none"> <li>Organizes data from the history and PE in a logical, standardized manner for oral presentation and a written case write-up</li> </ul>	<p>Patient case write-ups are thorough, well organized and succeeds in accurately and completely telling the patient's story.</p> <p>■.....■</p>	<p>Delivers an oral presentation or writes up a patient case that is generally organized, cogent and makes some connections with assessment, list of differential diagnoses and problem list.</p> <p>■.....■</p>	<p>Delivers an oral presentation or writes up a patient case that is disorganized, unclear and does not justify the assessment, list of differential diagnoses and problem list.</p> <p>■.....■</p>
	<p>Oral presentations are consistently thorough, well organized, succinct and informative.</p> <p>■.....■</p>	<p>Oral presentations are generally complete, organized and informative.</p> <p>■.....■</p>	<p>Oral presentations are incomplete, disorganized and are missing essential pieces of information.</p> <p>■.....■</p>

**GLOBAL ASSESSMENT**

- Overall consistently meets expected competency level for a second-year medical student (*Ready to progress to the clinical clerkships*) YES\_\_\_ No \_\_\_

**COMMENTS**

**PE SKILLS COMPETENCY SCORE**

Raw Score\_\_\_\_\_ Percentage\_\_\_\_\_

Mean Score\_\_\_\_\_ Minimum Passing Score\_\_\_\_\_

Student completed all the requirements for the supplemental activities in this course.

YES\_\_\_

NO\_\_\_



Albert Einstein College of Medicine of Yeshiva University  
**EVALUATION OF CLINICAL PERFORMANCE  
AND PROFESSIONAL ATTRIBUTES**



Student \_\_\_\_\_

Clerkship/Rotation **PEDIATRICS CLERKSHIP- PROBLEM BASED LEARNING (PBL) SESSIONS**

Location \_\_\_\_\_ Dates \_\_\_\_\_

Evaluators \_\_\_\_\_

For each item, please choose the level of performance that the student demonstrated for each objective. Choose "Not observed" for items you did not observe and are unable to assess.

Unacceptable	Does not meet competency standards	Meets competency standards	Exceeds competency standards	Outstanding	Not observed
Student cannot pass this item.	Student can pass this item with remediation.	Student is at expected level of training for this item.	Student is performing this item at an excellent level above expectations for level of training.	Student is performing this item at an exceptional level far above expectations for level of training.	

**COMPETENCY: PHYSICIAN AS HEALER**

**SYNTHESIS OF INFORMATION:** Identifies pertinent information from history & physical exam.

					Not observed
--	--	--	--	--	--------------

**CRITICAL THINKING:** Reasons effectively to formulate and critique differential diagnoses.

					Not observed
--	--	--	--	--	--------------

**PATIENT MANAGEMENT:** Formulates appropriate patient centered management plans.

					Not observed
--	--	--	--	--	--------------

**COMPETENCY: PHYSICIAN AS SCIENTIST**

**KNOWLEDGE:** Demonstrates breadth and depth of information related to cases.

					Not observed
--	--	--	--	--	--------------

**COMPETENCY: PHYSICIAN AS COLLEAGUE**

**ABILITY TO PARTICIPATE AS PART OF THE GROUP:** Establishes productive, respectful working relationships with other students.

					Not observed
--	--	--	--	--	--------------

**COMPETENCY: PHYSICIAN AS EDUCATOR**

**PREPARATION OF LEARNING ISSUES:** Uses appropriate resources and effort to answer case related questions on assigned topic.

					Not observed
--	--	--	--	--	--------------

**DISCUSSION OF LEARNING ISSUES:** Communicates relevant points succinctly and clearly.

					Not observed
--	--	--	--	--	--------------

**COMPETENCY: PHYSICIAN AS ROLE MODEL**

**PROFESSIONAL ATTRIBUTES:** Exhibits personal integrity.

					Not observed
--	--	--	--	--	--------------

**RELIABILITY / ATTENDANCE:** Exhibits commitment, dependability, & responsibility.

					Not observed
--	--	--	--	--	--------------

**COMPETENCY: PHYSICIAN AS LIFE-LONG LEARNER****PARTICIPATION:** Actively engages in group discussion.

					Not observed
--	--	--	--	--	--------------

**SELF-DIRECTED LEARNING:** Identifies and addresses own and group's educational needs (learning issues).

					Not observed
--	--	--	--	--	--------------

**FEEDBACK:** Demonstrates willingness to elicit and responds constructively to feedback

					Not observed
--	--	--	--	--	--------------

**CONSTRUCTIVE COMMENTS:**

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**SUMMARY COMMENTS:**

--

**OVERALL ASSESSMENT FOR PBL:** *Please choose one*

INCOMPLETE	FAIL	LOW PASS	PASS	HIGH PASS	HONORS
Student has not met all the requirements of the rotation.	Student cannot pass this rotation.	Student can pass this rotation but requires remediation.	Student is at expected level of training for this rotation.	Student is performing at an excellent level above expectations for level of training.	Student is performing at an exceptional level far above expectations for level of training.

Evaluator signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty GOSCE Evaluation Form**

Date:

The focus of this GOSCE is communication skills.

Please evaluate both the student interviewer and the group for each station.

Scoring: 1 = Unacceptable, 2 = Acceptable, 3 = Above Average

<b>Station 1: Tobacco Dependence</b> Student Interviewer:		
Communication Skill	Student Interviewer	Team Interview
1. Clarifies Patient Response (summarizes, checks for accuracy)		
2. Elicits all concerns (provides support, identifies hidden concerns)		
3. Respects Patient (shows concern, acknowledges patient emotions)		
4. Verbal Skills (pauses, avoids jargon)		
5. Non-verbal Skills (eye contact, body position, conveys interest)		
Assessment of Problem (station specific content)		
Did the student and / or team ...	Yes	No
6. Explain causes and impact of COPD?		
7. Advise that quitting is one of the most effective ways to prevent progression of COPD/other smoking related disease?		
8. Address psychosocial concerns?		
Comments:		

<b>Station 2: Difficult Doctor/Patient Encounter</b> Student Interviewer:		
Communication Skill	Student Interviewer	Team Interview
1. Clarifies Patient Response (summarizes, checks for accuracy)		
2. Elicits all concerns (provides support, identifies hidden concerns)		
3. Respects Patient (shows concern, acknowledges patient emotions)		
4. Verbal Skills (pauses, avoids jargon)		
5. Non-verbal Skills (eye contact, body position, conveys interest)		
Assessment of Problem (station specific content)		
Did the student and / or team ...	Yes	No
6. Explain the treatment plan?		
7. Explain why antibiotics are not helpful and may be harmful when used to treat viral infections?		
8. Address psychosocial concerns?		
Comments:		



Scoring: 1 = Unacceptable, 2 = Acceptable, 3 = Above Average

<b>Station 3: Shared Decision Making</b> Student Interviewer:		
Communication Skill	Student Interviewer	Team Interview
1. Clarifies Patient Response (summarizes, checks for accuracy)		
2. Elicits all concerns (provides support, identifies hidden concerns)		
3. Respects Patient (shows concern, acknowledges patient emotions)		
4. Verbal Skills (pauses, avoids jargon)		
5. Non-verbal Skills (eye contact, body position, conveys interest)		
Assessment of Problem (station specific content)		
Did the student and / or team ...	Yes	No
6. Explain that high A1c indicates diabetes is poorly controlled and describe treatment options?		
7. Explore patient's specific concerns about insulin?		
8. Attempt to engage patient in making decision re: insulin?		
Comments:		

<b>Station 4: Delivering Bad News</b> Student Interviewer:		
Communication Skill	Student Interviewer	Team Interview
1. Clarifies Patient Response (summarizes, checks for accuracy)		
2. Elicits all concerns (provides support, identifies hidden concerns)		
3. Respects Patient (shows concern, acknowledges patient emotions)		
4. Verbal Skills (pauses, avoids jargon)		
5. Non-verbal Skills (eye contact, body position, conveys interest)		
Assessment of Problem (station specific content)		
Did the student and / or team ...	Yes	No
6. Explain the results of the biopsy giving a "warning shot" before using word "cancer"?		
7. Manage the emotional reaction and show sensitivity to patient's ability to listen?		
8. Address further questions and plan?		
Comments:		



**FAMILY MEDICINE CLERKSHIP**  
**Team Based Learning: Health Promotion Disease Prevention**  
Phase Two: Individual Readiness Assurance Test (IRAT) /  
Group Readiness Assurance Test (GRAT)

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Clerkship Group: \_\_\_\_\_  
Team Based Learning Group: \_\_\_\_\_

**Directions for IRAT: Fill in the ONE correct choice on the Scantron form.**

**Directions for GRAT: ALL MEMBERS OF YOUR ASSIGNED TEAM MUST USE THE ONE TEAM SCRATCH CARD PROVIDED TO ANSWER.**

1. The efficacy of influenza vaccines may vary from year to year depending on a variety of factors. In one large study published in the New England Journal of Medicine, a total of 1139 healthy subjects (aged 18 to 48 years of age) were enrolled in a 2007 study. 814 received the inactivated influenza virus (TIV vaccine), while 325 received placebo. A symptomatic influenza “event” was defined as illness characterized by at least one respiratory symptom (cough or nasal congestion) plus at least one constitutional symptom (fever or feverishness, chills, or body aches). The primary end point was a case of symptomatic illness that was confirmed as influenza A or B by isolation of the virus in cell culture. The study concluded that number needed to treat (NNT) for the TIV vaccine for that year was 14. In contrast, the NNT for oseltamivir (Tamiflu) administration for influenza was 25.

Which one of the following statements is most accurate in this scenario?

- a) Fourteen patients need to be immunized with TIV vaccine to prevent one additional case of influenza.
- b) The NNT of the TIV vaccine will increase as the benefit of the immunization increases.
- c) The NNT is the inverse of the relative risk reduction (RRR).
- d) The NNT represents the risk difference between the control group event rate (CER) and the experimental group event rate (EER).
- e) Oseltamivir is more effective than the TIV vaccine at preventing influenza.




### Recommended Adult Immunization Schedule—United States - 2014

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group<sup>1</sup>

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza <sup>2,7</sup>		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,7</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					
Varicella <sup>4,7</sup>		2 doses					
Human papillomavirus (HPV) Female <sup>5,7</sup>		3 doses					
Human papillomavirus (HPV) Male <sup>5,7</sup>		3 doses					
Zoster <sup>6</sup>						1 dose	
Measles, mumps, rubella (MMR) <sup>7,8</sup>		1 or 2 doses					
Pneumococcal 13-valent conjugate (PCV13) <sup>8,7</sup>		1 dose					
Pneumococcal polysaccharide (PPSV23) <sup>9,10</sup>		1 or 2 doses					1 dose
Meningococcal <sup>11,7</sup>		1 or more doses					
Hepatitis A <sup>12,7</sup>		2 doses					
Hepatitis B <sup>13,7</sup>		3 doses					
<i>Haemophilus influenzae</i> type b (Hib) <sup>14,7</sup>		1 or 3 doses					

<sup>1</sup>Covered by the Vaccine Injury Compensation Program

	For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster
	Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)
	No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 9:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).

2. A 59-year-old male comes for a well visit in the middle of the summer. The patient comes to your office today to get his immunizations up to date. He has no significant past medical history. He takes no medications and has no allergies. His father died 3 years ago in a motor vehicle accident. His 80 year-old mother lives in another state and suffers from diabetes. This patient denies any history of recreational drug, tobacco, or alcohol use. He is sexually active only with his wife. He frequently spends time with his 9-month-old and 3-year-old grandchildren. He works as a real estate broker. He is not planning any travel this year out of the United States. He had his last set of vaccines over ten years ago and does not recall what he received. According to his medical record, the patient had chicken pox when he was 11 years old.

According to the Advisory Committee on Immunization Practices (ACIP) recommendations, which one of the following vaccinations is recommended for this patient today?

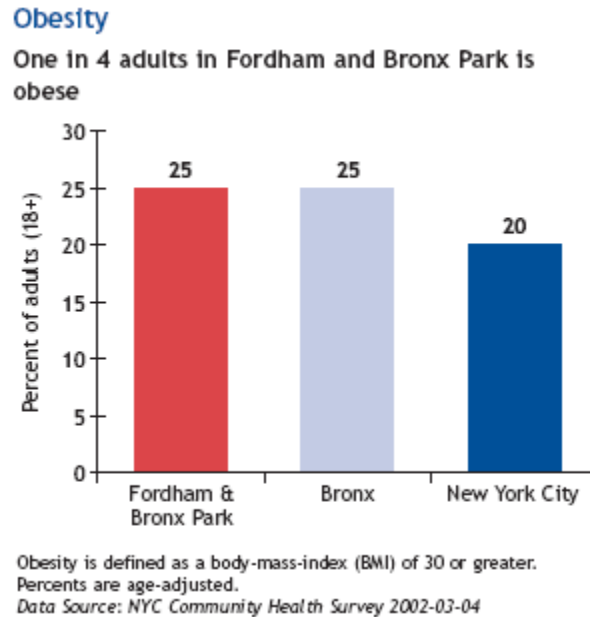
- Hepatitis B
- PPV (Pneumococcal polysaccharide vaccine)
- Varicella
- Tdap (Tetanus, diphtheria, and pertussis)
- Zoster

3. Gloria Delgado is a 65 year-old female, with a past medical history of occasional low back pain. She currently is stable and has no symptoms or complaints. She comes to your office today for her annual exam. She does not smoke tobacco. Mrs. Delgado is not currently sexually active. She had a total hysterectomy (removal of her entire uterus and cervix) for bleeding fibroid complications at age 45, and she retained her ovaries. Her father died of a stroke at age 88 and her mother, age 85, was recently diagnosed with hyperlipidemia. She has one brother, age 63, who has hypertension. She has no personal or family history of breast cancer. She has no children.

According to the United States Preventive Services Task Force (USPSTF), which one of the following routine clinical preventive services (Grade A or B) should be offered to this patient based on her profile?

- a) Screening for ovarian cancer by performing a transvaginal ultrasound.
- b) Screening for alcohol misuse and behavioral counseling interventions.
- c) Teaching this patient to perform a self-breast examination to detect breast cancer.
- d) Serologic screening for herpes simplex virus (HSV).
- e) Screening for asymptomatic carotid artery stenosis using a duplex ultrasonography.

4. Obesity can lead to a variety of health problems, including heart disease and diabetes. Rates of obesity are increasing rapidly in New York City and across the U.S., making it a major public health concern. In Fordham and Bronx Park, one quarter of adults are obese, which is 25% higher than in New York City overall.



Which one of the following combinations best integrates obesity interventions across the socio-ecologic framework?

- Worksite nutrition programs *and* weight loss competitions between employee teams in the workplace.
- Taxes increasing the unit price of sugary drinks *and* laws requiring chain restaurants to post calories.
- Physician advocacy at education board meetings for banning sugary drinks in elementary schools *and* awareness campaigns in high schools promoting the reduction of screen time (i.e., television, video games).
- Clinicians screening patients for obesity *and* clinicians referring obese patients to comprehensive behavioral interventions to improve weight status.
- Clinicians screening patients for obesity *and* laws requiring chain restaurants to post calories counts.

5. Diane McIntyre is a 43 year-old woman. She has never had a mammogram and wants to discuss whether she should have one. The patient has not had any family members with cancer, and she has never had cancer or radiation herself. Her menarche was at age 13, and she had her first child at age 24. She had a tubal ligation at age 30 after her third child was born. She breastfed all three of her children. She is still having her periods, but they have become more irregular in the past year. She does not drink alcohol or smoke. This places her at average risk for breast cancer.

Which one of the following statements is most consistent with the 2009 United States Preventive Services Task Force (USPSTF) recommendations regarding mammography screening for breast cancer for this average risk patient?

- a) The decision to start regular, biennial (every 2 years) screening mammography before the age of 50 years should be an individual one.
- b) The USPSTF recommends annual screening mammography for women aged 40 to 49 years.
- c) The USPSTF recommends biennial (every 2 years) screening mammography for women aged 40 to 49 years.
- d) The USPSTF concluded that digital mammography is superior to film mammography for women aged 40 to 49 years.
- e) The current evidence is insufficient to assess the benefits and harms of screening mammography for women aged 40 to 49 years.