

Northwestern University Feinberg School of Medicine
Elective Clinical Performance Assessment 2023-24

Reviewer

Date Reviewed

Student

Course Name

Dates Attended

Required Attestations

1.* As medical educators, we value diversity and inclusion and strive to treat our students fairly and equitably. Data show that, despite our intentions, bias continues to impact student assessment. This leads to persistent inequities in grades, residency attainment, and AOA achievement. [Please complete this brief module to learn more.](#) **I have reviewed the Feinberg Medical School module "Addressing Bias in Learner Assessment."**

2.* I have not provided professional treatment for this student for psychological or health issues, nor have I been made aware of such issues through any professional treatment relationship.

3.* Please select your role:

- Attending
- Resident
- Fellow
- Advanced Practice Provider

Characteristics

Please rate the following characteristics which underpin all professional activities:

Professionalism

4. This student:

	Rarely	Sometimes	Consistently
Shows dependability, truthfulness, and integrity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledges and demonstrates awareness of limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes initiative for own learning and patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains open to feedback and attempts to implement it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats all patients with respect and compassion; protects patient confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication

5. Listening and sharing information (ECIS-3):

1	2	3	4
<p>Often misses opportunities to demonstrate verbal or nonverbal expressions of empathy. Communication with patient often includes jargon, only sometimes uses closed-loop communication, and/or may not attend to communication barriers.</p> <p><i>The team often circles back or adds additional information during encounters to correct misinformation or missing information.</i></p>	<p>Listens in an engaged and empathic manner and demonstrates understanding through summary and clarification. Shares information with only occasional jargon and bridges some communication barriers.</p> <p><i>The team may sometimes add information or clarify minor mistakes in communication.</i></p>	<p>Listens in an engaged and empathic manner; uses open-ended questions; and demonstrates nuanced communication strategies. Uses closed-loop communication consistently, rarely uses jargon, and bridges most communication barriers.</p> <p><i>The team usually does not add information except in complex cases.</i></p>	<p>Listens in an engaged and empathic manner; uses open-ended questions; and uses of nuanced communication strategies, redirecting discussion if needed. May competently manage difficult conversations (when given permission in advance by team). Uses closed-loop communication and rarely uses jargon, bridging most communication barriers.</p> <p><i>The team rarely needs to add comment.</i></p>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

6. Engaging in shared decision making (ECIS-5):

1	2	3	4
<p>Inconsistently assesses and elicits patient's response to the diagnosis or plan. Begins to elicit and incorporate patient preferences in plan.</p>	<p>Listens in an engaged and empathic manner and demonstrates understanding through summary and clarification. Shares information with only occasional jargon and bridges some communication barriers.</p> <p><i>Inconsistently assesses and elicits patient's response to the diagnosis or plan. Begins to elicit and incorporate patient preferences in plan.</i></p>	<p>Consistently assesses and elicits patient's response to the diagnosis or plan. Elicits and incorporates patient preferences to tailor plan.</p>	<p>Fully assesses and elicits patient's response to the diagnosis or plan. Fully elicits and incorporates patient preferences to tailor plan, even in challenging situations.</p>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7. Advocates for patients by addressing social determinants of health (CES):

1	2	3	4
The student does not address social determinants of health (SDH) in the clinical encounter.	The student asks about SDH but requires coaching from the resident or attending to generate a plan to address the SDH that are impacting the patient's health.	The student asks about SDH and independently generates a plan to address SDH but requires assistance from the resident or attending to make the plan actionable.	The student implements a plan to address SDH. Examples may include: independently identify reduced-cost medications, literacy- appropriate patient resources, or provide additional teaching or communication to positively impact patient care.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

EPAs

8. History Taking and Physical Exam (EPA 1):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The medical student requires residents or attendings to perform the history and physical.	<input type="checkbox"/> The medical student should perform the H&P under direct supervision by an attending or resident in order to ensure correct and complete information.	<input type="checkbox"/> The medical student should perform H&P independently, but the resident/ attending will need to ask additional questions or perform additional examination maneuvers.	<input type="checkbox"/> The medical student performs the H&Ps independently with minimal need for additional questioning or examination by resident or attending.

9. Clinical reasoning, differential diagnosis, application of fund of knowledge (EPA 2):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The student requires the resident or attending to perform all steps of clinical reasoning including differential diagnosis and formulation/ prioritization of problems.	<input type="checkbox"/> The student requires significant coaching from the resident or attending in all steps of clinical reasoning including differential diagnosis and formulation/ prioritization of problems.	<input type="checkbox"/> The student independently applies appropriate clinical reasoning in the tasks of differential diagnosis and formulation/ prioritization of problems for straightforward patients, but may be challenged in complex cases.	<input type="checkbox"/> The student independently applies appropriate clinical reasoning in the tasks of differential diagnosis and formulation/ prioritization of problems in nearly all cases, needing help only with rare or nuanced conditions.

10. Recommend and interpret common diagnostic and screening tests (EPA 3):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The student requires a resident or attending to provide step-by-step guidance when recommending a diagnostic work-up or interpreting diagnostic studies.	<input type="checkbox"/> The student recommends and appropriately interprets some diagnostic workup and studies, but requires assistance with other routine tests and studies.	<input type="checkbox"/> The student recommends and interprets studies for common conditions or routine tests and studies, but requires assistance for less common conditions.	<input type="checkbox"/> The student recommends and interprets studies correctly in almost all cases, requiring assistance in only rare or particularly complex cases.

11. Written Notes (EPA 5):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The written note cannot be used for primary documentation without major changes.	<input type="checkbox"/> The written note requires significant modification for use as primary documentation.	<input type="checkbox"/> The written note can be used for primary documentation with some modification.	<input type="checkbox"/> The written note requires minimal editing for use as primary documentation.

12. Oral Presentation of Patient (EPA 6):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The student presentation requires the resident or intern to re-present in order to convey necessary information.	<input type="checkbox"/> The student presents patients independently but will need to look to the resident or attending for guidance or to answer additional questions.	<input type="checkbox"/> The student presents patients clearly, requiring some modifications by the resident or attending.	<input type="checkbox"/> The student presents patients without assistance from the resident or intern except in nuanced cases.

13. Contributes as a member of the team (EPA 9):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The student requires additional observations of others' role modeling behaviors with team members prior to taking a lead role to ensure that the content and manner of communication are situationally appropriate.	<input type="checkbox"/> The student requires direct supervision during interactions with team members to ensure that the content and manner of communication are situationally appropriate.	<input type="checkbox"/> The student interacts with others on the care team to convey content in a situationally appropriate manner but may require post-communication debriefing with a resident or attending in particularly challenging cases.	<input type="checkbox"/> The student independently interacts with other team members on the care team to consistently convey patient information and any status changes in a situationally appropriate manner without need for debrief or additional guidance.

14. Recognition of patients needing urgent/emergent care (Is the patient sick?) (EPA 10):

"Watch me do this" (no independence)	"Let's do this together; Follow my lead"	"Do; I'll intervene at times"	"Do; I'll be here if you need me" (nearing independence)
<input type="checkbox"/> The student requires a resident or attending to provide step-by-step guidance when recognizing, assessing, and managing patients who require urgent medical care.	<input type="checkbox"/> With assistance from residents or attendings, the student recognizes patients who require urgent medical care, assesses the patients, calls for help, and initiates treatment.	<input type="checkbox"/> The student recognizes patients who require urgent medical care and appropriately assesses the patients, calls for help, and initiates treatment but may require some assistance in some cases.	<input type="checkbox"/> The student recognizes patients who require urgent medical care and assesses the patients, calls for help, and initiates treatment without assistance except in complex cases.

Comments

15. Comments are directly entered into the student's Medical Student Performance Evaluation (MSPE) which is part of their residency application. ** If you have concerns about clinical progress OR lapses in professional behaviors, please enter that information in the box below labeled "feedback to facilitate improvement." **

16. Feedback to facilitate improvement: Please provide specific examples of behaviors, particularly citing ways the student can progress in independence.

Final Grade

17.* Final Grade

Honors

Pass

Fail

Please return completed assessment to:

Email: FSM_Records@northwestern.edu

Fax: (312) 503-0715