2022-23 Pediatrics Clinical Performance Assessment

Status	In Progress	
Reviewer	Anonymous	
	/	

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."**

 $2.* \square$ I have not provided professional treatment for this student for psychological or health issues, nor have I been made aware of such issuesthrough any professional treatment relationship. (Please contact the clerkship director with any questions.)

3.* I have reviewed the Feinberg Medical School program objectives, clerkship objectives and required clinical encounters (clerklog).

4.* Please select your role:

□ Attending

Resident

□ Fellow

Advanced Practice Provider

Competencies

Please rate the following characteristics which underpin all professional activities:

5.

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

Communication This student:

6. Listening and sharing information:

	Phase 2 Benchmark (Core Clerkships)	Phase 3 Benchmark (sub- internships, advanced clerkships)	-
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. The team often circles back or adds additional information during encounters to correct misinformation or missing information.	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. The team may sometimes add information or clarify minor mistakes in communication.	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. The team usually does not add information except in complex cases.	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. The team rarely needs to add comment.
	2	3	4

7. Engaging in shared decision making:

	Phase 2 Benchmark (clerkships)	Phase 3 Benchmark (sub- internships and advanced clerkships)	
Partially assesses or fails to assess the patient's response to the diagnosis or plan. Does not elicit or incorporate patient preferences into plan.	Inconsistently assesses and elicits patient's response to the diagnosis or plan. Begins to elicit and incorporate patient preferences in plan.	Consistently assesses and elicits patient's response to the diagnosis or plan. Elicits and incorporates patient preferences to tailor plan.	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.
	2	□ 3	4

8. Advocates for patients by addressingsocial determinants of health(CES competency):

	Phase 2 Benchmark (Core Clerkships)	Phase 3 Benchmark (sub- internships and advanced clerkships)	
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.
1	2	3	4

EPAs

If you were to supervise this student again in a similar situation, what would you tell the student about how much supervision they need? Consider how much you trust the student to act independently.Complete for all applicable EPAs.

9. 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)
The medical student requires residents or attendings to perform the history and physical	The medical student should perform the H&P under direct supervision by an attending or resident in order to ensure correct and complete information.	The medical student should perform H&P independently, but the resident/ attending will need to ask additional questions or perform additional examination maneuvers.	The medical student performs the H&Ps independently with minimal need for additional questioning or examination by resident or attending.

10. 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)
The student requires the resident or attending to perform all steps of clinical reasoning including differential diagnosis and formulation/ prioritization of problems.	The student requires significant coaching from the resident or attending in all steps of clinical reasoning including differential diagnosis and formulation/ prioritization of problems.	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.	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.

11. 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)
The student requires a	The student	The student	The student
resident or attending to	recommends and	recommends and	recommends and
provide step-by-step	appropriately interprets	interprets studies for	interprets studies
guidance when	some diagnostic workup	common conditions or	correctly in almost all
recommending a	and studies, but	routine tests and	cases, requiring
diagnostic work-up or	requires assistance with	studies, but requires	assistance in only rare
interpreting diagnostic	other routine tests and	assistance for less	or particularly complex
studies.	studies.	common conditions.	cases.

12. 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)
The written note cannot	The written note	The written note can be	The written note
be used for primary	requires significant	used for primary	requires minimal editing
documentation without	modification for use as	documentation with	for use as primary
major changes.	primary documentation.	some modification.	documentation.

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)
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.	The student requires direct supervision during interactions with team members to ensure that the content and manner of communication are situationally appropriate. Rarely recommends additional appropriate care team members.	The student interacts with others on the care team to convey content in a situationally appropriate manner but may require some help from preceptor. Student sometimes recommends appropriate additional care team members appropriate to patient needs.	The student consistently independently interacts with others on the care team to convey patient information a in a situationally appropriate manner. Student consistently recommends appropriate additional care team members for patient needs.

14. 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)
The student presentation requires the resident or intern to re-present in order to convey necessary information.	The student presents patients independently but will need to look to the resident or attending for guidance or to answer additional questions.	The student presents patients clearly, requiring some modifications by the resident or attending.	The student presents patients without assistance from the resident or intern except in nuanced cases.

15. Medical decision making and incorporation of the literature (EPA 7):

"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)
The student needs help	The student devises	The student devises	The student
devising clinical	appropriate clinical	appropriate clinical	independently devises
questions, finding	questions and identifies	questions and identifies,	appropriate clinical
appropriate articles to	articles but needs help	applies, and correctly	questions and identifies,
share, interpreting	to interpret the	interprets primary	applies and correctly
literature, and applying	literature to correctly or	literature, requiring	interprets the literature
findings to a given	to apply the literature to	some assistance from	to fill knowledge gaps of
patient case.	a patient case.	others.	the team.

Comments

If you have concerns about clinical progress OR lapses in professional behaviors, please e-mail the clerkship directors atadhiggins@luriechildrens.orgorrobyn-bockrath@northwestern.edu.

 $16. \$ Areas of Strength: Please provide specific examples of behaviors you observed.

 $17.\;$ Feedback to facilitate improvement: Please provide specific examples of behaviors, particularly citing ways the student can progress in independence.

Frequency of Observation

18. Frequency of Observation

Daily

U Weekly

Occasional

□ Once