

LSU School of Medicine Clerkship Evaluation Form

Student: _____ **Course:** _____ **Block** _____

Date of Course: _____ **School/Hospital** _____ **Location:** _____

COMMENTS REGARDING OVERALL PERFORMANCE OF THE STUDENT:

GRADING SCALE

R - Review **F - Fail** **P - Pass** **HP - High Pass** **H - Honors**

I. NONCOGNITIVE SKILLS

HONESTY

<u>N</u> Not observed	<u>F</u> Does the student display honesty presentation, write-ups, progress notes & all other clinical activities?	<u>P</u>	Comments <u>F</u>
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EMOTIONAL STABILITY

<u>N</u> Not observed	<u>R</u> Are there any signs or symptoms of emotional instability; abnormal behavior or aspect, inability to cope with routine stress, evidence of alcohol or drug abuse?	<u>P</u>	Comments <u>R</u>
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WORK HABITS

<u>N</u> Not observed	<u>F</u> Poor attendance; shirks responsibilities; disorganized; unable to do assignments. Frequently late.	<u>P</u> Attends required functions; assumes expected responsibilities; somewhat inefficient. Usually punctual.	<u>HP</u> Occasionally attends extra functions; independent initiative; well-organized.	<u>H</u> Consistently attends extra functions; assumes leadership roles; highly efficient.
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INTERPERSONAL RELATIONS

<u>N</u> Not observed	<u>F</u> Can't work with people; alienating & disrespectful to people.	<u>P</u> Maintains working relationships with team members.	<u>HP</u> Respected by team members.	<u>H</u> Highly regarded by team
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PERSONAL CHARACTERISTICS

<u>N</u> Not observed	<u>F</u> Cannot accept constructive criticism.	<u>P</u> Usually accepts constructive criticism & responds appropriately.	<u>HP</u> Responds well to constructive criticism.	<u>H</u> Assesses own limitations & responds constructively.
Not observed	Disheveled or inappropriate appearance.	Clean, acceptable appearance.	Good grooming.	Excellent grooming.

II. CLINICAL SKILLS

KNOWLEDGE

<u>N</u> Not observed	<u>F</u> Cannot recall basic science & clinical information & relating it to cases	<u>P</u> Basic knowledge of disease processes & pathologic events; some ability to relate information to clinical material.	<u>HP</u> Above average knowledge; able to correlate this knowledge consistently to clinical material.	<u>H</u> Superior knowledge of basic disease processes & pathophysiology with mature application to clinical setting.
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HISTORY

<u>N</u> Not observed	<u>F</u> Incomplete or inaccurate; important information frequently missing; often fails to identify major problem.	<u>P</u> Usually complete & accurate; focuses on major problem but occasionally misses important information.	<u>HP</u> Complete & accurate; important information included.	<u>H</u> Comprehensive information; thorough & precise; questioning identifies subtle problem areas.
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PHYSICAL EXAM

N
Not
observed

F
Exam incomplete; fails to
follow-up obvious leads;
emphasizes minor findings;
major deficiencies in technique.

P
Exam generally complete;
occasionally fails to follow
obvious leads; minor deficiencies
in technical skill.

HP
Thorough exam; follows up al
important areas; technically
sound.

H
Exam thorough, technically
sound & efficient; gathers
necessary information for
differential diagnosis

DIFFERENTIAL DIAGNOSIS & PROBLEM LIST

N
Not
observed

F
unable to make differential
diagnosis & problem list

P
Able to identify major problems;
limited differential diagnostic
ability.

HP
Able to identify major & minor
problems & make a basic
differential diagnosis for each.

H
Maturely analyzes data &
synthesizes patient's problems
according to priority; extensive
differential diagnosis.

DIAGNOSTIC TESTS & THERAPEUTIC PLANS

N
Not
observed

F
Frequently overlooks basic
tests; difficulty interpreting
results; unable to formulate a
treatment plan.

P
Understands basic battery of initial
tests & their interpretation; has
difficulty proceeding with further
tests or therapeutic plan.

HP
Has complete & efficient plan for
diagnostic tests & consultation;
interprets results correctly;
therapeutic program complete &
accurate.

H
Efficiently plans alternative
diagnostic strategy as results
and received; therapeutic
program comprehensive,
thorough, precise & cost
effective.

WRITTEN SKILLS (Medical Records)

N
Not
observed

F
Poorly prepared (has irrelevant
information or important data
missing); few notes; often late;
major problems omitted.

P
Contains basic information; notes
usually prompt; cover major
problems but have minor
omissions.

HP
Well done & organized, complete
& relevant but no detailed
analysis or differential of
problems.

H
Outstanding notes-prompt
concise, thorough, relevant;
important problems reported &
adequately explained.

ORAL PRESENTATIONS (Case Presentations & progress reports)

N
Not
observed

F
Disorganized & poorly
integrated.

P
Generally organized, but verbose
or incomplete.

HP
Organized & complete.

H
Complete, concise, orderly &
polished.

PROCEDURAL SKILLS

N
Not
observed

F
Difficulty using proper
technique (awkward with
equipment or bypasses
accepted step) timing,
coordination and /or
organization.

P
Occasional difficulty using proper
technique, sometimes fails to
organize equipment before
procedure, minor problems with
timing or coordination.

HP
Uses proper techniques,
organizes equipment before
procedure; timing smooth; is
coordinated.

H
Timing is precise; procedure
done with ease & dexterity; able
to put patient at ease.

JUDGMENT

N
Not
observed

F
Decisions (tests, procedures,
treatment plans, etc.) risky and
/ or not cost-effective.

P
Decisions usually safe, but may
not pinpoint problems accurately
or completely; may not be cost-
effective.

HP
Decisions accurate & safe; uses
common sense.

H
Mature, cost-effective decisions
based on sound integration or
acquired date & reasoning.

SELF EDUCATION

N
Not
observed

F
Lacks adequate knowledge of
own patients.

P
Has adequate textbook knowledge
of own patients.

HP
Has knowledge of supplemental
as well as basic textbook
reading; reads about patients on
service.

H
Intellectually aggressive,
demonstrates extensive
supplemental reading; knows
disease processes of other
patients on service.

III. PROFESSIONAL CAPABILITY

Insufficient information I would not recommend this student as a house officer.

I would be reluctant to recommend this student as a house officer.

I would recommend this student as a house officer.

I would strongly recommend this student as a house officer.

FINAL GRADE: _____

Signature of Attending Staff: _____

Signature of Resident(s): _____

Exam Grade: _____

Date: _____

Date: _____

Return completed form to: Cathy J. Lazarus, M.D., FACP, Professor of Medicine - Associate Dean of Student Affairs and Record:
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