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There are NEW and UPDATED notices

Preview Evaluation

CAT Evaluation [Version: 8]

Preview As Display Individual Form

Student Performance Evaluation

CAT Evaluation

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Student Level	Student level

Course Information

Date	Course	Location	Weeks	Credits
01/01/2006 - 01/31/2006	XXX-YYY: Department Course	Location	8	8

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

Faculty: Evaluator name

Student: Student name **Email:** medkeck@usc.edu

Evaluators may not use any artificial intelligence to prepare evaluation narratives. By submitting this evaluation, you are confirming that you have not provided healthcare to this student. If you have provided healthcare to this student, please do not submit this evaluation and email medkeck@usc.edu or call 323-442-1875 for assistance.

Question numbers in **red*** are required.

SUPERVISOR INSTRUCTION:

The faculty/resident supervisor is expected to select the most representative behavioral description of the learner's performance in each category (ideally based on direct observation). You will be asked to provide specific behavior description that warrants the HIGHEST OR THE LOWEST RATING in the subsequent comment box. When providing narrative assessment, please give concrete examples of what the student has done well, and be sure that the narrative reflects the ratings indicated.

Please note that the ratings on the Clinical Assessment Tool do not, in and of themselves, determine the student's final grade. As in past years, a student's final grade of Fail, Pass, High Pass or Honors is determined by combining the performances on a variety of elements, including the Clinical Assessment Tool, end of clerkship subject examination, and clerkship assignments. By the end of the academic year, each clerkship is expected to have awarded Honors grades to 30% of the class, High Pass to 60-65% of the class, and Pass to 5-10%. A Fail grade is possible but rare.

Clinical Assesment Tool (CAT) Training Guide

1.* HISTORY TAKING:

- Histories are inaccurate
- *<Performance between levels>*
- Histories are accurate but missing a number of essential elements.
- *<Performance between levels>*
- Histories are accurate and complete
- *<Performance between levels>*
- Histories are accurate, complete, and focused (hypothesis-driven)

2.* PHYSICAL EXAM:

- Physical exams inaccurate.
- *<Performance between levels>*
- Physical exams are accurate but missing a number of essential elements.
- *<Performance between levels>*
- Physical exams are accurate and complete.
- *<Performance between levels>*
- Physical exams are accurate, complete, and focused (hypothesis-driven).

3.* GENERATING DIFFERENTIAL DIAGNOSIS (DDX):

- Proposes irrelevant or no differential diagnoses.
- *<Performance between levels>*
- Proposes some relevant diagnoses, but inappropriately narrow or broad.
- *<Performance between levels>*
- Proposes relevant and appropriate DDX.
- *<Performance between levels>*
- Proposes relevant, appropriate, and prioritized DDX.

4.* INTERPRETING COMMON DIAGNOSTIC TESTS:

- Not able to accurately interpret ANY of the essential diagnostic tests affecting diagnosis and management.
- *<Performance between levels>*
- Is able to accurately interpret SOME of the essential diagnostic tests affecting diagnosis and management.
- *<Performance between levels>*
- Is able to accurately interpret MOST of the essential diagnostic tests affecting diagnosis and management.
- *<Performance between levels>*
- Is consistently able to accurately interpret ALL or NEARLY ALL of the essential diagnostic tests affecting diagnosis and management.

5.* DEVELOPING AN APPROPRIATE ASSESSMENT AND PLAN:

- Cannot assess patients or suggest first steps in the management plans (even with prompting).
- *<Performance between levels>*
- Inconsistently synthesizes information to assess patients and propose first steps in management plans (requires prompting).
- *<Performance between levels>*
- Consistently synthesizes information to assess patients and propose first steps in management plans without prompting.
- *<Performance between levels>*
- Consistently synthesizes information to assess patients and propose first steps in management without prompting. Incorporates evidence in development of assessment and plans.

6.* PRESENTATION TO PRECEPTORS, PEERS and TEAM:

- ○ Presentations are incoherent and disorganized.
- ○ *<Performance between levels>*
- ○ Presentations are coherent, but somewhat disorganized. It takes a lot of effort to follow the presentation.
- ○ *<Performance between levels>*
- ○ Presentations are consistently organized, and easy to follow.
- ○ *<Performance between levels>*
- ○ Presentations are consistently organized, and appropriately tailored to the audience and situation.

7.* DOCUMENTATION OF PATIENT ENCOUNTERS (FORMAL H&P or PATIENT NOTES):

- ○ Documentation is incomplete, inaccurate and not done in a timely manner.
- ○ *<Performance between levels>*
- ○ Documentation is done in a timely manner, but is not appropriately updated and or does not show the student's own clinical reasoning.
- ○ *<Performance between levels>*
- ○ Documentation is done in a timely manner, is appropriately updated, but does not show the student's own clinical reasoning.
- ○ *<Performance between levels>*
- ○ Documentation is done in a timely manner, is appropriately updated, and shows the student's own clinical reasoning.

8.* APPLICATION OF MEDICAL KNOWLEDGE TO PATIENT CARE

- ○ Struggles to locate scientific information relevant to patients.
- ○ *<Performance between levels>*
- ○ Identifies appropriate resources/scientific information but struggles to apply it to patients.
- ○ *<Performance between levels>*
- ○ Identifies appropriate resources/scientific information AND effectively applies it to some patients.
- ○ *<Performance between levels>*
- ○ Identifies appropriate resources/scientific information AND effectively applies it to most patients.

9.* COMMUNICATION WITH PATIENTS and FAMILIES:

- ○ Has difficulty communicating with patients and families; struggles to recognize and incorporate relevant verbal and nonverbal clues to establish rapport.
- ○ *<Performance between levels>*
- ○ Establishes rapport with patients and families and treats them with respect and dignity.
- ○ *<Performance between levels>*
- ○ Established rapport with patients and families, treats them with respect and dignity, and adapts communication content/style to the patient's specific communication needs.
- ○ *<Performance between levels>*
- ○ Established rapport with patients and families, treats them with respect and dignity, and adapts communication content/style to the patient's specific communication needs. Actively listen to identify patient's needs and preferences.

10.* **INTERPROFESSIONAL TEAMWORK:**

- ○ Does not participate in teamwork appropriately (e.g. late, unresponsive, disorganized, does not complete assigned tasks, etc.). Does not communicate the appropriate details of patient care. Does not show respect or appreciation for all members of the interprofessional team.
- ○ *<Performance between levels>*
- ○ Is punctual and responsive, but has not yet developed a system to complete all assigned tasks to satisfaction. Demonstrates respect and appreciation for all members of the interprofessional team.
- ○ *<Performance between levels>*
- ○ Is punctual and responsive. Completes all assigned tasks to satisfaction and demonstrates proper follow up. Demonstrates respect and appreciation for all members of the interprofessional team.
- ○ *<Performance between levels>*
- ○ Is punctual and responsive. Completes all assigned tasks to satisfaction and demonstrates proper follow up. Takes initiative and goes above and beyond to support team members. Demonstrates respect and appreciation for all members of the interprofessional team.

11.* **MAINTENANCE OF TEACHABLE ATTITUDE & LIFE-LONG LEARNING:**

- ○ Is unable to recognize or acknowledge own limitations/weaknesses even with prompting. Is resistant to suggestions and or feedback.
- ○ *<Performance between levels>*
- ○ Acknowledges own limitations/weaknesses with prompting. Accepts suggestions/ feedback after initial resistance.
- ○ *<Performance between levels>*
- ○ Recognizes own limitations/weaknesses. Welcomes suggestions/feedback and shows willingness to improve.
- ○ *<Performance between levels>*
- ○ Recognized own limitations/weaknesses and actively solicits feedback and incorporates it to improve.

Please comment on the student's performance:

12.* In 3-5 sentences, please describe the **students overall performance**. Please provide specific examples that highlight both strengths and areas that need improvement. Your comments will inform the development of the student's MSPE. The clerkship directors may include your examples in the MSPE verbatim.

13.* This student would benefit from additional clinical skills enhancement activities. (* If you check yes, please provide a detailed description of what you think the student can work on in the “below the line” comment box)

- ◯ Yes, the student NEEDS ADDITIONAL HELP.
- ◯ No, the student does NOT NEED ADDITIONAL HELP.

14.* These comments will not be included in the student's Medical Student Performance Evaluation. Please comment on specific areas where the student could have improved his/her performance on this clerkship.

15.* Did the student have any lapses in professional behavior (e.g., unexcused absences, tardiness, dress code violations, late assignments, etc.)?

- ◯ Yes
- ◯ No

16.* Were there any instances in which the student did not behave ethically in caring for patients and in relating to patients' families and others involved in patient care?

- ◯ Yes
- ◯ No

17. If applicable, please describe any instances of exemplary professional behavior.

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