

# New York Medical College Clerkship Evaluation Tool

## 2021-2022 Real-Time Clerkship Evaluation (Pilot) Tools

### CHECKLIST # 1: History Gathering and Interpersonal Communication

Please select Yes, No or N/A for each of the following items:

- Questions utilized were relevant to the chief concern and to developing accurate differentials
- Questions were prioritized and not excessive
- Interview was organized and questioning followed a logical progression
- Questions were purposefully used to clarify patient's issues
- Provided an accurate interpretation of history findings to the patient
- Provided a list of potential diagnoses to the patient
- Inquired about patient's level of understanding regarding diagnosis and its management/next steps
- Evaluated patient's readiness/ability to adhere to a healthcare/illness prevention plan
- Offered guidance and/or resources for achievement of an optimum level of health
- Incorporated responses appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation
- Style of questioning encouraged patient to freely share their perspective
- Utilized statements that promoted patient's input on preferences in healthcare
- Avoided medical jargon unless immediately defined to the patient
- Applied eye contact, facial expressions, and tone of voice that conveyed interest, attentiveness, and acceptance
- Style of communication and/or tone of voice conveyed sincerity, warmth, care and/or concern
- Inquired about patient's support network including, but not limited to, family, friends, caregivers, or co-workers
- Respected patients' privacy and confidentiality
- Displayed compassion and respect for human dignity
- Demonstrated situational awareness when discussing patients

**What was the average length of contact that the evaluator had with the student prior to filling out this evaluation** (*This pertains to each evaluator filling out the form during the clerkship*)

- Once: Only observed student during one patient experience / Only had one interaction with student
- Days: 1 half day or less / 2 half days / 3+ half days

- Shifts: 1 shift or less / 2 shifts / 3+ shifts
- Weeks: 1 week or less / 1-2 weeks / 2-3 weeks / 3+ weeks

**Feedback (Please select how/if the student received verbal feedback by you, the evaluator)**

- Verbal Feedback occurred as the result of a direct observation
- Verbal Feedback occurred as the result of an indirect observation
- Verbal Feedback occurred as the result of student self-reflection (i.e., non-observed behavior vs self-reported)
- Verbal Feedback was not given to this student

**Narrative Assessment (Required)** - *Please provide example driven comments that support your grading choices (i.e., why you chose to give or not give a checkmark for certain items in this category).*

**CHECKLIST # 2: Physical Examination**

**Please select Yes, No or N/A for each of the following items:**

- Exam maneuvers performed were relevant to exploring and prioritizing a working differential
- Exam maneuvers were correctly performed
- Performed maneuvers in a logical and fluid sequence
- Explained exam maneuvers to patient
- Respected patient during examination and did not cause any unnecessary discomfort
- Provided an accurate interpretation of physical exam findings to the patient
- Identified and described normal and abnormal findings
- Respected patients' privacy and confidentiality
- Displayed compassion and respect for human dignity
- Demonstrated situational awareness when discussing patients

**What was the average length of contact that the evaluator had with the student prior to filling out this evaluation** (*This pertains to each evaluator filling out the form during the clerkship*)

- Once: Only observed student during one patient experience / Only had one interaction with student
- Days: 1 half day or less / 2 half days / 3+ half days
- Shifts: 1 shift or less / 2 shifts / 3+ shifts
- Weeks: 1 week or less / 1-2 weeks / 2-3 weeks/ 3+ weeks

**Feedback (Please select how/if the student received verbal feedback by you, the evaluator)**

- Verbal Feedback occurred as the result of a direct observation
- Verbal Feedback occurred as the result of an indirect observation
- Verbal Feedback occurred as the result of student self-reflection (i.e., non-observed behavior vs self-reported)
- Verbal Feedback was not given to this student

**Narrative Assessment (Required)** - *Please provide example driven comments that support your grading choices (i.e., why you chose to give or not give a checkmark for certain items in this category.*

**Checklist #3: Medical Record Documentation**

**Please select Yes, No or N/A for each of the following items:**

- Documentation was concise, chronological, and well written
- Key Hx and PE findings relevant to the top differentials were present and the use of “normal” was often avoided
- Documented an accurate, prioritized list of differential diagnoses
- Documented a plan supported through clinical reasoning that reflected patient’s preferences
- Distinguished common, insignificant abnormalities from clinically important findings

- Discerned urgent from nonurgent results and responds correctly
- Recommended key, reliable, cost effective screening and diagnostic tests
- Interpreted lab results correctly
- Documented use of primary and secondary sources necessary to fill in gaps
- Provided individual rationale based on patient's preferences, demographics, and risk factors
- Recognized and corrected errors related to required elements of documentation
- Met needed turnaround time for standard documentation

**What was the average length of contact that the evaluator had with the student prior to filling out this evaluation** *(This pertains to each evaluator filling out the form during the clerkship)*

- Once: Only observed student during one patient experience / Only had one interaction with student
- Days: 1 half day or less / 2 half days / 3+ half days
- Shifts: 1 shift or less / 2 shifts / 3+ shifts
- Weeks: 1 week or less / 1-2 weeks / 2-3 weeks / 3+ weeks

**Feedback (Please select how/if the student received verbal feedback by you, the evaluator)**

- Verbal Feedback occurred as the result of a direct observation
- Verbal Feedback occurred as the result of an indirect observation
- Verbal Feedback occurred as the result of student self-reflection (i.e., non-observed behavior vs self-reported)
- Verbal Feedback was not given to this student

#### **Checklist #4: Oral Presentation**

**Please select Yes, No or N/A for each of the following items:**

- Information reported was accurate, complete, and well organized around the chief concern
- Incorporated patient preferences and/or privacy needs
- Integrated pertinent case information (including positives and negatives) to create appropriate differential
- Provided individual rationale based on patient's preferences, demographics, and risk factors
- Provided sound reasoning to support the differential
- Distinguished common, insignificant abnormalities from clinically important findings
- Discerned urgent from nonurgent results and responded correctly
- Recommended key, reliable, cost effective screening and diagnostic tests

- Sought help for interpretation of tests beyond scope of knowledge
- Created appropriate plan based on differential
- Adjusted presentation based on situation or when prompted
- Displayed compassion and respect for human dignity
- Demonstrated situational awareness when discussing patients

**What was the average length of contact that the evaluator had with the student prior to filling out this evaluation** *(This pertains to each evaluator filling out the form during the clerkship)*

- Once: Only observed student during one patient experience / Only had one interaction with student
- Days: 1 half day or less / 2 half days / 3+ half days
- Shifts: 1 shift or less / 2 shifts / 3+ shifts
- Weeks: 1 week or less / 1-2 weeks / 2-3 weeks / 3+ weeks

**Feedback (Please select how/if the student received verbal feedback by you, the evaluator)**

- Verbal Feedback occurred as the result of a direct observation
- Verbal Feedback occurred as the result of an indirect observation
- Verbal Feedback occurred as the result of student self-reflection (i.e., non-observed behavior vs self-reported)
- Verbal Feedback was not given to this student

**Narrative Assessment (Required)** - *Please provide example driven comments that support your grading choices (i.e., why you chose to give or not give a checkmark for certain items in this category).*

## Checklist # 5: Student Engagement

Please select Yes, No or N/A for the following items:

- Functioned as an integrated member of the medical team
- Provided leadership skills that enhanced team functionality
- Prioritized team's/patient's needs over personal needs/preferences
- Engaged with the patient and other team members to coordinate care
- Communicated bidirectionally and kept team members informed and up to date
- Actively engaged in efforts to solicit feedback
- Responded to feedback in a respectful way
- Identified personal responsibility for successes and errors
- Accepted suggestions to revise actions and/or behavior for continuous self-improvement
- Verbally identified limitations and gaps in personal knowledge
- Took initiative in formulating goals, identifying resources, and evaluating outcomes
- Identified and used available databases, search engines, and refined search strategies to acquire relevant information
- Sought guidance in understanding subtleties of evidence
- Attempted to apply published evidence to common medical conditions
- Connected outcomes to process by which questions were identified and answered

**What was the average length of contact that the evaluator had with the student prior to filling out this evaluation** *(This pertains to each evaluator filling out the form during the clerkship)*

- Days: 1 half day or less / 2 half days / 3+ half days
- Shifts: 1 shift or less / 2 shifts / 3+ shifts
- Weeks: 1 week or less / 1-2 weeks / 2-3 weeks/ 3+ weeks

**Feedback (Please select how/if the student received verbal feedback by you, the evaluator)**

- Verbal Feedback occurred as the result of a direct observation
- Verbal Feedback occurred as the result of an indirect observation
- Verbal Feedback occurred as the result of student self-reflection (i.e., non-observed behavior vs self-reported)
- Verbal Feedback was not given to this student

**Narrative Assessment (Required)** - *Please provide example driven comments that support your grading choices (i.e., why you chose to give or not give a checkmark for certain items in this category).*

--