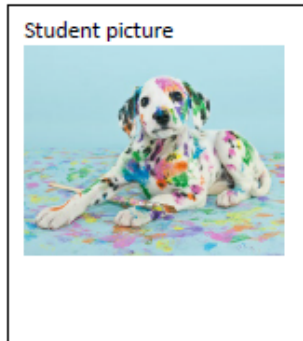


Clinical Competency Evaluation

Student's Name (First Name Last Name)



Clerkship: _____ Evaluator: _____
 Start Date: _____ End Date: _____
 Rotation Number: _____ Site: _____

Direct contact with student:

- Extensive (>40 hours)
- Substantial (>11 to 40 hours)
- Moderate (5 to 10 Hours)
- Limited (1 to 4 Hours)
- No Contact (< than 1 Hour)

To view the medical school educational program objectives, click [here](#). To view the clerkship objectives, click [here](#). To view the competency expectations across the four-year medical school program, click [here](#). Evaluations may be negatively influenced by implicit biases. These biases include our subconscious attitudes, perceptions, and stereotypes that influence our understanding, actions, and behavior while interacting with various identities. Implicit bias can influence perceptions of race, gender, sexual orientation, gender identity, ability, religion/spirituality, nationality, and socioeconomic status. Systematically, this may result in lower evaluations, even when there are no differences in performance. We ask that all evaluators recognize the potential impact of bias and resist stereotypes to ensure balanced evaluations. - Adapted from Georgetown University School of Medicine

For each of the following statements, rate your perception of the student's performance during the clerkship. Please be as objective as possible and keep in mind that the student is NOT expected to perform at the highest level on each of these to receive a passing or even an honors score. Our scoring system is set up such that your ratings will not be just added up into a total score. Our scoring algorithm reflects realistic expectations of performance and for some of the statements, this may even be the lowest rating. Your objective reflections will also be very valuable to the student and help us identify areas of continuous improvement and ultimately secure better patient care.

PROFESSIONALISM					
Displays honesty, integrity, and ethical values in all team interactions	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
On time to duties (punctuality)	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Prepared for assigned responsibilities	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Receptive to feedback	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Demonstrates knowledge of structural/social factors (e.g., ethnicity, gender, economic) affecting patient care and uses proper terminology	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies social determinants of health.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Demonstrates sensitivity to diversity (e.g., culture, religion, gender identification).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	

INTERPERSONAL AND COMMUNICATION SKILLS—					
Uses language that is appropriate for patient understanding	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Listens in an engaged and empathic manner, with verbal and nonverbal facilitation, including open-ended questions	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Interacts respectfully with the healthcare team	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Collaborates with the healthcare team through active participation	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
PATIENT CARE					
HPI is organized.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
HPI includes pertinent positives and negatives.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Relevant other history is complete (e.g., includes medical, past surgical, family, social history, ROS).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Uses proper technique when performing a physical (or mental status) exam.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies pertinent positives and negatives from the exam.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Accurately interprets tests (e.g., labs, imaging, surveys, screening studies).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies the most important (e.g., most likely, critical, life-threatening) diagnoses.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies less likely but relevant diagnoses.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient plan of care is appropriate for the diagnosis.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient plan of care integrates evidence-based practice.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient presentation is organized (e.g., utilizes SOAP).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient presentation is accurate, relevant, and complete.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Documentation (e.g. progress note) is accurate, relevant, and complete.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Demonstrates application of basic/foundational concepts in clinical care (e.g., pathophysiology, differential diagnosis, lab interpretation, plan of care).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Explains all steps of procedure(s)	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed/not applicable

PRACTICE-BASED LEARNING AND IMPROVEMENT					
Identifies gaps in knowledge (e.g., communication, presentation, professionalism).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies clinical questions, takes initiative to address the question, and applies this information to patient care.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
SYSTEMS-BASED PRACTICE					
Suggests ancillary resources to optimize patient care.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies errors in patient care and/or articulates system failure.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed

MSPE Comments: *Medical Student Performance Evaluation (MSPE) previously Dean's Letter* -- comments are required (130 character minimum).

Summary Comments: ("Not for MSPE") Narrative comments. Please also include specific comments if you feel a student did exceptionally well or exceptionally poorly, including examples where such behavior was demonstrated.

By submitting this evaluation, I hereby attest that I do not have a conflict of interest with this student, including but not limited to a consensual relationship, familial relationship, physician-patient (health care) relationship, and/or financial relationship. If I feel there is a COI, it is my responsibility to contact the coordinator and have myself removed from evaluating the student. To view the policy, please click [here](#).

I also certify that the information I have provided is correct to the best of my knowledge. I understand that this constitutes an electronic signature and take responsibility for the content herein. I am aware of the Family Education Rights and Privacy Act that states that this information may not be released to anyone other than the Registrar's office. Therefore, I will have anyone who requests this information contact the Registrar's office.

Evaluator Name:

Signature:

Date: