

JOHNS HOPKINS
U N I V E R S I T Y

School of Medicine

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Office of the Dean
Registrar

August 2020

Memo to: Classes of 2021, 2022, 2023, 2024

From: Dr. William Bryant Faust IV, Associate Dean and Registrar

Re: Clinical Elective Evaluations

The Registrar's Office uses New Innovations an on-line tool to facilitate the completion of elective evaluations for all medical students. Course directors receive an email to complete an electronic evaluation for your elective experience. You will also receive an evaluation to complete to evaluate your experience (clinical electives only). For your convenience, a sample evaluation is provided. These evaluations are anonymous and the course director will not have access to your evaluation until after submission of final grades. A minimum of three evaluations, per course, are required before a course director can review any student evaluations.

Elective evaluations previously completed about your performance in E-Value were printed and are available for review during business hours at the Registrar's Office.

Please direct any questions you might have about this evaluation tool to medstdsk@jhmi.edu or 410-614-4886.



Subject Name

Class of ----
 Rotation: Location
 Evaluation Dates

Evaluated by: **Evaluator Name**

Class of ----

Clinical Performance Assessment of Medical Student - Electives

1* Approximately how many weeks did you work with this student?

- <1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 5 weeks
- 6 weeks
- >6 weeks

2* By submitting this form, I attest that I am qualified to submit this student's evaluation according to the School of Medicine Po

For more information on evaluator qualifications (items 5 & 6 in policy):

<http://www.hopkinsmedicine.org/som/students/policies/FacultySupervisingEvaluatingMSPolicyFINAL.pdf>

- Yes
- No

3* Basic Science Knowledge

Critical Deficiencies Major deficiencies in knowledge base. Consistently inaccurate.	Often inaccurate. Incomplete understanding of basic concepts.	Sound understanding of pathologic substrate of important clinical disorders.	Thorough textbook understanding of pathophysiology and mechanisms of therapeutic interventions.	Aware of current concepts of disease pathogenesis and therapeutic mechanisms of action. Asks probing scientific questions at the "cutting edge".	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4* Clinical Knowledge

Critical Deficiencies Unable to apply preclinical knowledge to understand basic medical problems.	Inconsistent understanding of patient problems. Limited differential diagnosis.	Knows basic differential diagnoses of major/active problems in patients. Understands team's choice of therapy.	Knows expanded differential diagnoses, including recognition of emergencies. Can discuss therapeutic options.	Knows nuances of differential diagnosis, including disease prevalence and anticipated history and exam findings. Able to independently formulate a management plan. Able to assign prognoses.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5* Self Directed Learning

Critical Deficiencies No self directed learning. Lack of effort. Denies inadequacies.	Rarely self directed. Frequent prompting required. Minimal evidence of outside work.	Appropriate use of textbooks and reference sources. Well prepared. Clearly motivated.	Sets goals. Reads in advance. Timely use of resources. Consistent effort to improve.	Never needs prompting. Outstanding initiative. Effective use of resources. Educates others.	Not Observed
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6* Data Gathering (History/Interviewing)

Critical Deficiencies Disorganized. Fails to gather important historical information or patient's perspective. Fails to identify patient's agenda. Never reviews old records or seeks collateral informants.	Incomplete at times. Frequent closed-ended questioning. Unfocused. Inappropriate communications rendered. Rarely reviews old records.	Obtains appropriate basic history in patient-centered manner. May need attention to efficiency and exploration of difficult ideas. Reviews old records as available.	Precise, detailed history appropriate to the setting. Seeks understanding of patient perspective. Seeks collateral informants when appropriate.	Consistently precise and efficient detailed history of illness. Insightful and consistently elicits subtle historical points. Gathers and carefully reviews old records.	Not Observed
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7* Physical/Mental Status Exams

Critical Deficiencies Unreliable, incomplete, disorganized. Major deficiencies. Inadequate technique. Disregards patient comfort.	Sometimes unreliable, incomplete or disorganized. Some major findings missed. Exam skills need refinement.	Most findings identified. Usually logical and focused exam. Properly structured, properly ordered, few omissions, considers patient's comfort.	Very comfortable approach to the exam. Major findings always identified. Focused, organized skills.	Well organized. Subtle findings elicited. Very efficient.	Not Observed
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8* Problem Solving

Critical Deficiencies Cannot interpret basic data. Unable to identify basic issues on problem list.	Frequently reports data without interpretation. May be able to list problems, but analysis of issues is superficial. Cannot prioritize problems.	Constructs appropriate problem list and develops basic differential diagnosis. Analysis of problems reflects basic understanding of issues	Consistently offers reasonable interpretation of data. Arrives at prioritized differential diagnosis.	Consistently understands complex issues and interrelated patient problems. Always well prioritized.	Not Observed
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9* Clinical Judgment

Critical Deficiencies Consistently poor judgment. Actions may affect patients adversely.	Inconsistent understanding of patient problems. Inability to identify critical nature of illness.	Can recognize priorities in clinical situations. Aware of own limitations. Able to recognize a sick patient.	Weights pros and cons of diagnostic plans. Incorporates patient perspectives. Prioritizes well.	Insightful approach to management plans. Anticipates changes. Appreciates management subtleties.	Not Observed
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10* Responsibility/Reliability

Critical Deficiencies Unexplained absences. Unreliable. Inappropriately dressed. Does not follow through with assigned tasks.	Often unprepared, lackadaisical, needs reminders in fulfillment of responsibilities. Often late, appears uninterested.	Punctual. Fulfills assigned tasks consistently. Responsible and reliable.	Seeks and is capable of taking on additional responsibility.	Excellent initiative. Unusual dedication to patient care and education.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11* Compassion

Critical Deficiencies Consistently uncaring, insensitive. Seemingly unaware of patient suffering and needs.	Often misses patients cues of distress, suffering. Only occasionally offers encouragement.	Regularly recognizes and responds to patient distress appropriately. Sympathetic, develops rapport.	Consistently aware of patients suffering/needs, clearly warm and caring. Gains confidence and trust.	Actively addresses emotional implications of illness with patient and family.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12* Respectfulness

Critical Deficiencies Inconsiderate, lacks respect. Unable to work with medical team. Indifferent to concerns/opinions of others.	Occasional lapses in respectful behavior. Often intolerant to opinions/concerns of others.	Considerate and shows appropriate deference. Treats patients, families, and staff with respect. Culturally sensitive.	Shows respect in difficult situations such as conflict resolution. Extra effort in cultural sensitivity.	Actions can both foster and maintain respectful environment.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13* Response to Feedback

Critical Deficiencies Completely unaware of own inadequacies. Uninterested in receiving feedback on performance. Refuses or makes no effort to improve.	Resistive or defensive in accepting feedback. Makes marginal efforts to improve with feedback.	Accepts and generally makes efforts to improve with feedback.	Seeks and accepts feedback. Shows consistent improvement.	Able to self assess and make necessary changes for growth and progress.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14* Rapport with Patients

Critical Deficiencies Avoids contact with patients. Little attempt to establish therapeutic rapport relationship. Disorganized. Generally unable to communicate facts to patients.	Difficulty establishing physician-patient relationships. Insensitive to patients' needs.	Good skills at developing rapport with patients and responding to emotional needs of patients.	Excellent communication skills. Able to gain trust and confidence of patients and families.	Student becomes preferred contact for patients due to highly effective communication.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15* Rapport with Colleagues

Critical Deficiencies Avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.	Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.	Relates well with medical colleagues and other health professionals. "Good team player." Functions well within the team structure.	Able to establish excellent rapport with medical colleagues and other health professionals. Gains confidence of team leaders.	Establishes tone of mutual respect and dignity with medical colleagues and other health professionals. Highly integrated into the team structure.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16* Oral Patient Presentations

Critical Deficiencies Unprepared. Major omissions frequent. Poorly organized and incomplete. Misses key data	Presentations incomplete. Poorly focused. Some omissions in characterizations, chronology and pertinent data. Irrelevant facts. Rambling. Relies heavily on notes.	Uses proper format. Acceptable delineation of primary problems with reasonable characterization and chronology. Culturally-sensitive presentations. Minimal use of notes.	Presentation usually complete, well characterized and organized. May need attention to length and efficiency, and summarization of problems and plans	Consistently clear and succinct delineation of patient story. Accurate characterization with differential diagnosis and plan. Mastery of oral presentation	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17* Recording Clinical Data

Critical Deficiencies Disorganized, incomplete, incoherent flow to written work. Illegible. Always late	Often lacks relevant details. Somewhat disorganized. Often late. Occasional omissions in problem lists.	Usually organized and complete. Adequate problem list/formulation documented. Timely.	Concise, well organized, comprehensive.	Superior organization. Sophisticated problem list/formulation and diagnostic/therapeutic approach. Documentation reflects thorough understanding of problems/formulation.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18* Procedural Skills

Critical Deficiencies Careless, frequent disregard for technical accuracy. Poor dexterity.	Occasionally careless. Some mistakes. Awkward at times. Fair dexterity.	Proficient. Appropriate use of instruments. Average dexterity.	Above average proficiency and dexterity.	Superb technical skills. A natural. Great dexterity.	Not Observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19* Integrity

Unreliable. Lapses in: truthfulness, honesty with patients and peers, respect for other health professionals, patients or families. Disregards need for self-assessment.	Appropriate behaviors of honesty, truthfulness and respect.
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20* Describe how the student performed relative to the domains above.

Basic and Clinical Science Knowledge, History-taking and Physical Exams, Problem-solving and Clinical Judgment, Self-directed Learning, Professionalism, Communication, Response to Feedback, Documentation and Procedural Skills

For sample comments describing assessment domains:

http://www.hopkinsmedicine.org/som/curriculum/Documents/Clinical_Performance_Sample_Narrative_Comments.pdf

For more information on preparing written comments:

http://www.hopkinsmedicine.org/fac_development/video/pdf/pocket_card.pdf

21 If you marked the student as having critical deficiencies, please elaborate below.

22* How would you rate this student as a candidate for house staff position on this service?

Too early to say	Poor	Fair	Good	Excellent	Outstanding
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23* Overall Grade:

Unsatisfactory	Incomplete	Fail	Pass	High Pass	Honors
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