

**Inpatient Neurology Service:      Wards      Consults      (circle one)**

STUDENT NAME: \_\_\_\_\_ DATES: \_\_\_\_\_ SITE: \_\_\_\_\_

**Clinical Knowledge**

- |   |  |   |   |   |                                       |
|---|--|---|---|---|---------------------------------------|
| <input type="checkbox"/> Major deficiencies in clinical/relevant basic science knowledge base | <input type="checkbox"/> Understanding of basic concepts marginal – below expected level | <input type="checkbox"/> Clinical knowledge appropriate to level of training – understands basic pathophysiology & common/simple disease states | <input type="checkbox"/> Demonstrates knowledge of more complex disease states, complex physiology & treatments | <input type="checkbox"/> Thorough knowledge of complex issues/uncommon illnesses including being up to date on current literature | <input type="checkbox"/> Not Observed |
|---|--|---|---|---|---------------------------------------|

**Communication Skills – Presentations on Rounds**

- |  |  |  |  |   |                                       |
|--|--|--|--|---|---------------------------------------|
| <input type="checkbox"/> Presentations ill prepared, lack important information, contain inaccurate data | <input type="checkbox"/> Presentations orderly, accurate but with some omissions | <input type="checkbox"/> Presentations accurate, orderly, contain all the basic information – appropriate to level of training | <input type="checkbox"/> Presentations more concise, articulate with emphasis on important issues/data. Knows all lab/radiology data | <input type="checkbox"/> Presentations concise, articulate & demonstrate a high level of insight/synthesis – minimal to no use of notes | <input type="checkbox"/> Not Observed |
|--|--|--|--|---|---------------------------------------|

**Communication Skills – Presentation of Assigned Topic(s)**

- |   |  |   |  |   |                                       |
|---|--|---|--|---|---------------------------------------|
| <input type="checkbox"/> Demonstrates little/no preparation, disorganized, no new information presented | <input type="checkbox"/> Orderly presentation but summarizes only one source & provides little new information | <input type="checkbox"/> Clear, concise presentation, utilizes more than one source, offers new information | <input type="checkbox"/> Clear, concise presentations, utilizes multiple sources, new information provided & summarizes/reviews specific learning objectives | <input type="checkbox"/> Utilizes & summarizes multiple sources including recent studies with a review of the studies' techniques, data & conclusions | <input type="checkbox"/> Not Observed |
|---|--|---|--|---|---------------------------------------|

**Communication Skills – Interacting with Patients and Families**

- |  |  |   |  |  |                                       |
|--|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> Is insensitive, tactless – fails to detect nonverbal cues | <input type="checkbox"/> Occasionally inattentive, sometimes uses terms the patient/family cannot understand | <input type="checkbox"/> Develops rapport with patient & immediate family, avoids medical jargon, appreciates nonverbal cues, can deal with most day to day patient/family interactions | <input type="checkbox"/> Willing to deal with more difficult situations & can do so with little input from supervisors | <input type="checkbox"/> Outstanding rapport with patient & entire family – actively seeks to handle difficult situations/topics – relates to & engages all family members | <input type="checkbox"/> Not Observed |
|--|--|---|--|--|---------------------------------------|

**Patient Care – Histories and Physicals**

- |   |  |   |  |  |                                       |
|---|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> H&Ps unreliable, contain major omissions, disorganized | <input type="checkbox"/> H&Ps organized but contain some omissions | <input type="checkbox"/> H&Ps organized, accurate, all major issues/findings are identified | <input type="checkbox"/> H&Ps organized, accurate, complete & include appropriate focused historical data & physical examinations which demonstrate knowledge of an appropriate differential diagnosis | <input type="checkbox"/> H&Ps include even subtle findings & the HPIs & exams clearly demonstrate knowledge of prioritized differential diagnoses for the issues at hand | <input type="checkbox"/> Not Observed |
|---|--|---|--|--|---------------------------------------|

**Patient Care – Note Writing**

- |   |   |   |   |  |                                       |
|---|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Notes unreliable, unorganized, contain significant omissions | <input type="checkbox"/> Notes organized but omit some relevant issues/data | <input type="checkbox"/> Notes accurate, complete & identify all ongoing problems | <input type="checkbox"/> Notes accurate, complete & indicate clear plans for each ongoing problem | <input type="checkbox"/> Notes concise & analytical reflecting thorough understanding of disease process, patient's conditions & both immediate & more distant plans | <input type="checkbox"/> Not Observed |
|---|---|---|---|--|---------------------------------------|

**Patient Care – Laboratory and Radiologic Data Interpretation**

- |  |  |  |   |   |                                       |
|--|--|--|---|---|---------------------------------------|
| <input type="checkbox"/> Unable to interpret most basic data | <input type="checkbox"/> Marginal interpretation of data with problems relating data to patients | <input type="checkbox"/> Interprets basic data & able to relate data to patients | <input type="checkbox"/> Independently seeks out data, consistently offers interpretation & suggests further workup | <input type="checkbox"/> Demonstrates understanding of subtle findings within lab/radiologic data & able to relate different data into a unified hypothesis | <input type="checkbox"/> Not Observed |
|--|--|--|---|---|---------------------------------------|

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**Patient Care – Overall Patient Care Activities**

- |   |  |   |   |  |                                       |
|---|--|---|---|--|---------------------------------------|
| <input type="checkbox"/> Lacks initiative, does not recognize limits, care could be dangerous to patients | <input type="checkbox"/> Follows management plans outlined by team, reliable to do what is instructed, but minimal self initiative | <input type="checkbox"/> Takes appropriate initiative, follows up, is always reliable, helps others | <input type="checkbox"/> Seeks added responsibility, consistently suggests diagnostic/therapeutic plans | <input type="checkbox"/> Acts independently, families refer to student as “their doctor,” takes full responsibility for patients | <input type="checkbox"/> Not Observed |
|---|--|---|---|--|---------------------------------------|

**Practice Based Improvement**

- |  |   |   |   |  |                                       |
|--|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> No evidence of independent learning, often unprepared to describe what was learned from prior day’s reading | <input type="checkbox"/> Reads some, but not enough, reading too superficial, reads only what is prescribed | <input type="checkbox"/> Reads independently, daily is able to describe what was learned from prior day’s reading, occasionally uses multiple sources | <input type="checkbox"/> More consistently uses multiple sources including some primary literature & able to describe the data/conclusions of those sources | <input type="checkbox"/> Reads extensively & reading is goal directed & self motivated – consistently shares new knowledge with team | <input type="checkbox"/> Not Observed |
|--|---|---|---|--|---------------------------------------|

**Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS)**

- |   |   |  |   |  |                                       |
|---|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> Unaware of &/or does not utilize AHCS in care of assigned patients | <input type="checkbox"/> Utilizes AHCS only when told & does not independently interact with AHCS personnel | <input type="checkbox"/> Appropriately utilizes AHCS, able to independently interact with them | <input type="checkbox"/> Independently seeks out/recommends/utilizes AHCS for assigned patients | <input type="checkbox"/> Anticipates both immediate & more long term needs of patients in seeking out AHCS | <input type="checkbox"/> Not Observed |
|---|---|--|---|--|---------------------------------------|

**Professionalism**

Students should possess the following characteristics:

- |  |   |                                   |  |                                 |
|--|---|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> be respectful | <input type="checkbox"/> properly groomed/dressed | <input type="checkbox"/> punctual | <input type="checkbox"/> conscientious           | <input type="checkbox"/> honest |
| <input type="checkbox"/> compassionate | <input type="checkbox"/> considerate of others    | <input type="checkbox"/> reliable | <input type="checkbox"/> appropriately motivated |                                 |

If there is a concern about any of the above for this student, please check the character and briefly describe the concern. If there are any characteristics for which this student excels, please describe them so they can be included in the student’s summative evaluation.

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You must construct a narrative/summative evaluation for the student. Include & explain any of above competencies for which the student is below or above expectations.

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\_\_\_\_\_  
Faculty Signature (ATTENDING 1)

\_\_\_\_\_  
Faculty Signature (RESIDENT 1)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature (ATTENDING 2)  
ATTENDING EVALUATES & SIGNS A  
COPY OF THE STUDENT PATIENT LOG

\_\_\_\_\_  
Faculty Signature (RESIDENT 2)

\_\_\_\_\_  
Date