

Loyola University Chicago Stritch School of Medicine

Inpatient Self Assessment

STUDENT NAME: _____ SITE: _____

Faculty Name (print): _____

Clinical Knowledge – Laboratory and Radiologic Data Interpretation

This column = top 10% of students.

- | | | | | | |
|--|---|--|--|--|---|
| <input type="checkbox"/> Major deficiencies in clinical/relevant basic sciences. Unable to interpret most basic data | <input type="checkbox"/> Understanding of basic concepts marginal – below expected level. Marginal interpretation of data | <input type="checkbox"/> Clinical knowledge appropriate to level of training – understands basic pathophysiology; can interpret basic data | <input type="checkbox"/> Demonstrates knowledge of more complex disease states, physiology & treatments; Independently identifies data, correct interpretation & suggests further workup | <input type="checkbox"/> Thorough knowledge of complex issues/uncommon illnesses. Understands subtle findings within lab/radiologic data & able to form a unified hypothesis | <input type="checkbox"/> Not Observed Or Not enough sample size |
|--|---|--|--|--|---|

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 Or Not enough sample size |
|--|--|--|--|---|---|

Practice Based Improvement – Topic Presentations

- | | | | | | |
|--|---|---|---|--|---|
| <input type="checkbox"/> Demonstrates little/no preparation, disorganized, no new information presented
No evidence of independent learning | <input type="checkbox"/> Orderly topic presentation but summarizes only one source; provides little new information

Reads some, but not enough, too superficial, only what is prescribed | <input type="checkbox"/> Clear, concise topic presentation, utilizes more than one source, offers new information; Reads independently, able to describe what was learned, occasionally uses multiple sources | <input type="checkbox"/> Clear, concise topic presentations, utilizes multiple sources, new information provided

Reads extensively; reading is goal directed & self motivated – shares new knowledge with team | <input type="checkbox"/> Utilizes & summarizes multiple sources including recent studies with a review of the studies' techniques, data & conclusions; summarizes specific learning objectives, able to describe the data/conclusions of those sources | <input type="checkbox"/> Not Observed Or Not enough sample size |
|--|---|---|---|--|---|

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 Or Not enough sample size |
|--|--|---|--|--|---|

Patient Care – Note Writing

- | | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Progress and admit notes unreliable, unorganized, contain significant omissions | <input type="checkbox"/> Progress and admit notes organized but omit some relevant issues/data | <input type="checkbox"/> Progress and admit notes accurate, complete & identify all ongoing problems | <input type="checkbox"/> Progress and admit notes accurate & complete with clear plans for each ongoing problem | <input type="checkbox"/> Notes concise/analytical reflecting thorough understanding of disease process, patient's conditions & both immediate & long term plans | <input type="checkbox"/> Not Observed Or Not enough sample size |
|--|--|--|---|---|---|

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” or praise from patient is unsolicited; takes full responsibility for patients | <input type="checkbox"/> Not Observed Or Not enough sample size |
|---|--|---|---|--|---|

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

- Unaware of &/or does not utilize AHCS in care of assigned patients
- Utilizes AHCS only when told & does not independently interact with AHCS personnel
- Appropriately utilizes AHCS, able to independently interact with them
- Independently seeks out/recommends/utilizes AHCS for assigned patients
- Anticipates both immediate & more long term needs of patients in seeking out AHCS
- Not Observed Or Not enough sample size

Students should possess all of the following qualities:

respectful	properly groomed/dressed	punctual	conscientious	honest	compassionate	considerate of others	reliable	appropriately motivated
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Please mark the appropriate box.

- Meets Expectations
- Concerns (Please explain further.) _____

Formative Comments: (Please write comments here that should not be included in the Dean’s letter)

Summative Comments:

[] I attest that I have not previously provided health services to this student.

Faculty Signatures	Resident Signatures	Student Signature
		Date

By signing this form, you agree to submit ALL evaluations completed about you during this clerkship--each unaltered after completed/signed by the evaluator(s).