

# Loyola University Chicago Stritch School of Medicine

## Outpatient Self Assessment

STUDENT NAME: \_\_\_\_\_ SITE: \_\_\_\_\_ Faculty Name (print): \_\_\_\_\_

### Clinical Knowledge – Clinical Data Interpretation

*This column = top 10% of students.*

- |  |   |  |  |  |  |
|--|---|--|--|--|--|
| <input type="checkbox"/> Major deficiencies in clinical/relevant basic sciences<br>Unable to interpret most basic data | <input type="checkbox"/> Understanding of basic concepts marginal – below expected level<br>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<br>Understands subtle findings within lab/radiologic data & able to form a unified hypothesis | <input type="checkbox"/> Not Observed Or<br>Not enough sample size |
|--|---|--|--|--|--|

### Communication Skills – Patient Presentations in Clinic

- |  |  |  |  |   |  |
|--|--|--|--|---|--|
| <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<br>Not enough sample size |
|--|--|--|--|---|--|

### Practice Based Improvement – Topic Presentations

- |   |   |  |   |  |  |
|---|---|--|---|--|--|
| <input type="checkbox"/> Demonstrates little/no preparation, disorganized, no new information presented<br>No evidence of independent learning, | <input type="checkbox"/> Orderly topic presentation but summarizes only one source; provides little new information<br><br>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 presentations, utilizes multiple sources, new information provided<br>Reads extensively & reading is goal directed & self-motivated consistently shares new knowledge w | <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<br>Not enough sample size |
|---|---|--|---|--|--|

### 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 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<br>Not enough sample size |
|---|---|---|--|--|--|

### Patient Care – Overall Patient Care Activities

- |   |  |  |   |   |  |
|---|--|--|---|---|--|
| <input type="checkbox"/> Lacks initiative, does not recognize limits; Copied and Pasted notes | <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, | <input type="checkbox"/> Seeks added responsibility, consistently suggests diagnostic/therapeutic plans | <input type="checkbox"/> Acts independently, takes full responsibility for patients; praise from patient is unsolicited | <input type="checkbox"/> Not Observed Or<br>Not enough sample size |
|---|--|--|---|---|--|

### 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 Or<br>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
------------	--------------------------	----------	---------------	--------	---------------	-----------------------	----------	-------------------------

Meets Expectations       Concerns (Please explain further.) \_\_\_\_\_

**Loyola University Chicago Stritch School of Medicine  
Outpatient Self Assessment**

---

**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).*