

University of California, Irvine
School of Medicine

Inpatient Medicine Clerkship
Academic Year 2010-2011

**Grading Handbook
and
Oral Exam Protocol**



Alpesh Amin, M.D.
Director, Inpatient Medicine Clerkship
University of California, Irvine
101 The City Drive South
Route 1, Building 58, Room 110
Orange, CA 92868
(714) 456-3785
anamin@uci.edu

Desiree Avery
Clerkship Program Representative
(714) 456-5176

University of California, Irvine
Inpatient Medicine Clerkship
Department of Medicine

Inpatient Medicine Grading Policy

1. Grades are calculated according to a formula which sums the points derived from ward/ambulatory performance (40 possible total points), performance on the written shelf exam (25 possible total points), the oral exam (10 possible total points), the vignettes (10 possible total points), Geriatrics (10 possible total points), and Ethics exam (5 possible total points). The sum generated then represents the final grade. The corridors for these grades are rigid. **Grades will not be changed for a near-miss to the next highest grade.** A grade of "Fail" will be awarded for a total point score of less than 50. A grade of "Honors" will be awarded for a total point score of 86 or greater.
2. Students must pass all of the Clinical Examination Exercises (CEXs). Any student who does not pass one must retake it until a passing effort is achieved.
3. To achieve an overall clerkship grade of PASS, a student must:
 - a. Achieve a total score of at least 50 total points
 - b. Achieve a written exam score of _____ (6th percentile)
 - c. Achieve an oral exam score of at least 2.5
 - d. Pass all CEX exercises
 - e. Complete H & P requirements and Ambulatory patient log requirements.
 - g. e-Doctoring Online Curriculum
4. Failure to achieve these stated scores (with the exception of the first taking of the written exam) or attend the Ambulatory Care Experience will result in failure for the course. In the event of a failing grade, the student will be required to repeat any or all of the clerkship.
5. All students must take the written and oral exams exam at the time they are offered to their group. If, in the opinion of the clerkship director, the student has a legitimate and compelling reason for not taking the exam, he/she may take the exam at the end of the next quintile. Lack of time to prepare or "wanting to do better" is not an adequate reason for postponing the exam.
6. The clerkship director writes a narrative summary of each student's performance based upon the director's interpretation of the most clearly representative comments and evaluations received for each student. Some comments or contributions are subject to editing if, in the opinion of the director, they are not representative of a fair evaluation of the student's performance and abilities.
7. The clinical evaluators are the senior residents, chief residents, and attendings with whom the student worked. PGY1 residents do not participate directly in the evaluation process.
8. **If there is a question regarding any evaluation, students should schedule an appointment with Dr. Amin after Final Grades have been calculated. Appointments should be scheduled through the Clerkship Program Representative. Students may not directly contact their Attending, Resident, or Ambulatory Preceptor regarding their evaluation after it has been completed and submitted to Medical Education.**

SAMPLE FINAL EVAL ROTATION , BLOCK2

Student Evaluation for Inpatient Medicine Clerkship

Return to UCIMC Medical Education Bldg. 22a, Rm 2108 Orange, CA 92868 or fax to 714.456.5880

Student Name	Evaluators Name	Attending: Resident:
Date of Rotation	Location	

Evaluator Signature: _____

Level: Faculty Resident

Evaluator Print: _____

MEDICAL KNOWLEDGE

Please be sure to check appropriate box. You may not leave any items blank.

	Problematic & Inadequate: Not competent in this area 1	Adequate but below the level expected for level of training 2	At expected for level of training (most students) 3	Above expected for level of training 4	Clearly outstanding (Top 5-10%) 5
Knowledge base of relevant basic and clinical science areas (30%)					
Patient Care – Observed history and physical exam (10%)					
Patient Care – Ability to present a case with appropriate coherence, organization & length (10%)					
Patient Care – Ability to create an appropriate and prioritized differential diagnosis (10%)					
Patient Care – Ability to devise a rational plan appropriate to the differential diagnosis (10%)					
Practice-based Learning – Motivation for learning & enthusiasm for teaching others (5%)					
Practice-based Learning – Informatics and critical appraisal skills (5%)					
Interpersonal & Communication Skills – Therapeutic and ethically sound patient relationships (5%)					
Interpersonal & Communication Skills – Use of open-ended & facilitative interviewing (5%)					
Professionalism – Integrity, accountability and teamwork (5%)					
Professionalism – Humanistic qualities and respect for diversity (5%)					
Systems-based Practice – Understanding and consideration of health systems, population-based health and the socioeconomic implications of care (0%)					

Summative Comments: _____

Formative Comments: _____

SAMPLE MIDCOURSE EVAL ROTATION BLOCK

Student Evaluation for Inpatient Medicine Clerkship

Return to UCIMC Medical Education Bldg. 22a, Rm 2108 Orange, CA 92868 or fax to 714.456.5880

Student Name	Evaluators Name	Attending:
Date of Rotation	Location	Resident:

Evaluator Signature: _____ Level: Faculty Resident

Evaluator Print: _____

MEDICAL KNOWLEDGE

Please be sure to check appropriate box. You may not leave any items blank.

	Problematic & Inadequate: Not competent in this area 1	Adequate but below the level expected for level of training 2	At expected for level of training (most students) 3	Above expected for level of training 4	Clearly outstanding (Top 5-10%) 5
Knowledge base of relevant basic and clinical science areas (30%)					
Patient Care – Observed history and physical exam (10%)					
Patient Care – Ability to present a case with appropriate coherence, organization & length (10%)					
Patient Care – Ability to create an appropriate and prioritized differential diagnosis (10%)					
Patient Care – Ability to devise a rational plan appropriate to the differential diagnosis (10%)					
Practice-based Learning – Motivation for learning & enthusiasm for teaching others (5%)					
Practice-based Learning – Informatics and critical appraisal skills (5%)					
Interpersonal & Communication Skills – Therapeutic and ethically sound patient relationships (5%)					
Interpersonal & Communication Skills – Use of open-ended & facilitative interviewing (5%)					
Professionalism – Integrity, accountability and teamwork (5%)					
Professionalism – Humanistic qualities and respect for diversity (5%)					
Systems-based Practice – Understanding and consideration of health systems, population-based health and the socioeconomic implications of care (0%)					

Summative Comments: _____

Formative Comments: _____

SAMPLE

Department of Internal Medicine Inpatient Medicine Vignette Evaluation

SITE: *UCIMC* *LBVAMC* (*Circle Location*)

ROTATION/BLOCK: _____/_____

STUDENT NAME: _____

1. Performance Evaluation

	Unsatisfactory/ Needs improvement			Satisfactory		Superior
a. Basic Science Knowledge/ Pathophysiology	1	2	3	4	5	
b. Clinical Knowledge	1	2	3	4	5	
c. Ability to integrate plans of management	1	2	3	4	5	
d. Willingness to actively participate in vignette discussions	1	2	3	4	5	
e. Promptness, Professionalism & prior preparation for vignettes	1	2	3	4	5	

2. Summative Comments (Might be used in Dean's Letter)

3. Formative Comments/ Areas for improvement

Evaluator: _____
(Please print name)

Signature: _____

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The purposes of the Inpatient Medicine Student Evaluation are to

- Accurately assess the progress and potential of each student with respect to where they should be at their current level of training
- Provide formative feedback so that the students can improve in specific and concrete ways
- Identify students who are significantly below where they should be
- Provide adequate evaluative material for the preparation of the Dean's Letter sent with their residency applications

This is not a place to reward the student for being merely personable or likeable.

Expected Level of Performance

Specific descriptions of the expected level of performance follow on the next page. Please review these.

Levels of Evaluation Summary

- A value of "**Problematic & Inadequate: Not competent in this area**" signifies a student who clearly has inadequate skills and should fail this element in the evaluation.
- A value of "**Adequate but below the level expected for level of training**" signifies a student whose skills are below expected, marginal, or barely passing.
- A value of "**At expected for level of training (most students)**" signifies a student who is at the appropriate level. For instance, 70% of students would be a "3" for knowledge base.
- A value of "**Above expected for level of training**" is clearly above most students at this level, about 20% of students.
- A value of "**Clearly outstanding (Top 5-10%)**" is intern level, reserved for no more than 5 to 10% percent of the group in areas of knowledge and skills.

Please take care to write comprehensive and fair narrative statements, especially in the "**Summative**" section. This will become the narrative statement for the Dean's letter. Some students end up with paragraphs; some with a few scant words. We need the fullest picture possible. The more you can write which honestly supports the student, the better.

Identify students whom you feel have real problems. If the problem is major, please address it in the "Summative" Section. However, do not put trivial problems in this section, because they may appear in the Dean's letter.

The "**Formative**" section is for specific constructive criticism and will not appear in the Dean's Letter. However, the best feedback is given at the moment of evaluation. Your efforts to speak directly with the students about specific areas they can improve are appreciated. On-the-spot feedback with specific examples and strategies for improvement will make a longer-term difference than any written advice.

Thank you for your time and consideration.

Third Year Medical Clerkship Clinical Evaluation – a guide to what the numbers mean:

Problematic (2%), overall inadequate or unacceptable performance in major areas, little improvement with guidance, will need to work on this area under guidance of a preceptor with continuous feedback, inaccurate H&Ps, major omissions, unreliable, inaccurate data, consistently not prepared, disinterested, lacks insight, major deficiencies in knowledge base, cannot interpret basic data, late, lacks confidence, disruptive, unwilling to cooperate or do expected patient care activities, poor judgment where actions may affect patient's adversely, unreliable, poor communication skills, not a team player, no steady or significant improvement with coaching, unexplained absences, lack of introspection, no evidence of meaningful or significant reading

Adequate but below expected (5%), performs acceptably in some areas with need for improvement in others, shows steady progress, *should be able to perform adequately as a physician with further experience in the 4th year of medical school without repeating the 3rd year clerkship,* incomplete or unfocused H&Ps, insensitive to patient's comfort, often late, organization could be improved, not quite ready for rounds, rambling, includes irrelevant facts, marginal understanding of basic concepts, unable to see the big picture well, inconsistent understanding of the patients facts, follow up is inconsistent, needs prodding, lacks confidence, occasionally inattentive, lack of consideration for others, reads inconsistently

At the expected level for level of training (70%), good performance, can gather patient data accurately and communicate it clearly on his/her patients, some mastery in the basic skills of doing a history and physical exam, accurate, complete, maintains a format including basic information, minimal use of notes, a basic knowledge of knowing what to look for and when, reliable, on time, ability to recognize normal from abnormal, ability to identify and label a new problem, demonstrates understanding of basic pathophysiology, knows basic differential diagnosis of the active problems of his/her patients, responsible, sympathetic, cooperative, able to develop rapport with a patient, team player, generally improves with feedback, making a transition from bystander to an active participant in patient care and a patient advocate, reads appropriately on his/her patients in recognized internal medicine textbooks

This grade should be for most third year medical students.

Above expected for level of training – at the level of a fourth year medical student (15-20%), excellent performance, efficient in gathering patient's data, accurate, complete, able to prioritize and to decide what information is important and what is not, well thought out and concise presentations, fluent, focused, organized, concise, precise, makes good eye contact, an understanding of diagnostic approach, expanded differential diagnosis, suggest options, starts to think about risks before initiating treatment plan, efficient, effective, confident, seeks responsibility, consistently improves with feedback, starts to set own goals, flexible, supportive, gives new ideas, good rapport with patients and other hospital staff, trustworthy, teaches others on the team, reads in advance of rounds as well as other sources outside of routine textbooks (e.g. journals)

Clearly outstanding – at the level of a intern (5-10%), outstanding performance, resourceful, efficient, insightful, elicits subtle findings and appreciates subtleties, presentations reflect understanding of patient's disease process and situation, points out pertinent positives and negatives and physical exam highlights these aspects of the history thoroughly, thoughtful and concise presentations, organized, analytical in assessment and plan, understands complex issues, interrelates patient problems with real life situation, detailed but focused differential that is prioritized, insightful management plans, broad-based understanding of therapeutic interventions, coordinates health care with other services, leadership qualities, becoming an efficient and thorough manager, patient advocate, dedicated to patient care and education, continued self assessment and growth, initiative, consistently educates others, becoming a teacher, continues adult learning, establishes mutual respect and dignity, advanced reading such as beginning to critique articles, consistently uses an evidence based approach to patient care with consistent ability to critically analyze sources.

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Oral Exam Protocol and Questions
Inpatient Student Medicine Clerkship

The Oral Exam for the Inpatient Medicine Clerkship is an evaluative and learning experience. The evaluator should provide feedback at an appropriate point in the exam and should take the opportunity to help the student refine his/her presentation skills, analytical skills, and knowledge. The examiner should discuss the grade with the student and provide constructive feedback on both the content of answers and the techniques of presentation.

The exam consists of 2 sections with 2 parts each. A total of 4 numerical evaluations are generated. Each section is evaluated independently. After completion of these 4 evaluations, the numbers are added and then divided by 4. The final grade is a single number from 1-10, inclusive. On any of the single questions, "5" is the expected performance, "1" or "2" is clearly inadequate, and an "9" or "10" is clearly superior. Refer to the attached grading sheet.

Part 1. The student will choose 1 case from the clerkship to present to the examiner and may use one 3x5 index card for notes during the presentation. Evaluation of this segment of the exam will be broken down into 2 components. The first will consist of the quality of the presentation itself; that is, whether the history, physical, and laboratory data were presented in a concise, coherent, and orderly manner. Presentations should follow the guidelines set forth in the orientation packet. The second element will be the exposition of the assessment and plan. Differentials should be broad, relevant, and thoughtful. Plans for further evaluating the patients should follow logically from the differential.

Students should choose relatively straightforward cases for presentation, and should present the clinical data to the point where a reasonable differential can be discussed. Presentation to the end point of diagnosis will obviously limit the discussion of the differential and plan. We are looking for a thorough understanding of both the disease process affecting this particular patient and overall ability to present and discuss a case.

Part 2. During part 2 of the exam, the student will be asked to discuss 2 of the questions listed in the accompanying document. The discussion of each question should take at the most 10 minutes, with 5 minutes allotted for follow-up questions if appropriate. Although most of the exam questions have parallels in the clinical vignettes, the exam questions are different from the vignettes and some are entirely unique to the oral exam.

The questions are meant to be the equivalent of essays with no single "correct" answer. The exercise is meant to test the student's understanding of the pathophysiology, clinical presentation, and evaluation of common internal medicine problems. Each of these elements should be addressed in the answer to each of the questions. For instance, question 7 addresses the differential diagnosis of a young male who presents with a cough and fever. One might begin with the discussion of the pathophysiology of cough or fever, proceed to the important elements of the history and physical necessary to create a differential, and then discuss the differential and work-up of the patient. The examiner could also role-play the patient and guide the student through the question. We are looking here for process, not rote memorization. We are interested in horses, not zebras.

Grade sheets must be signed and returned immediately by faculty to:

Desiree Avery, Medicine Clerkship Program Representative, Bldg 22A, Rm. 2108, 714-456-5176

University of California, Irvine
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ORAL EXAM, QUESTION
PART II

Question 1

A 62-year-old smoker presents to your office with gradually increasing shortness of breath over the past 2 months. He has a cigarette cough and has had swelling of his feet for years which may be slightly worse lately. Discuss the elements of the history and physical exam, and any procedures, which would help you, explain the origin of his shortness of breath.

Question 2

A 29-year-old male presents with an acutely painful and swollen right knee. Discuss the differential and outline your plan to make the diagnosis.

Question 3

A 47-year-old male with a history of long-standing, severe, untreated hypertension presents with a blood pressure of 220/140, complaining of nausea, mild weakness, and mid shortness of breath. His creatinine is 16.2 mg%, and his BUN is 147 mg%. Describe your evaluation and management of this patient.

Question 4

A 25-year-old female of African and Mediterranean descent presents complaining that she was found to be anemic at a pre-employment physical. She feels well, but, if pressed, admits to feeling a little tired lately. Discuss the elements of the history, physical, and laboratory exams which would be important in her evaluation.

Question 5

A 19-year-old male is brought to the emergency room. He is lethargic, hyperventilating, sweating, and has a temperature of 99.8. His SMA 7 shows sodium 143, potassium 5.4, glucose 323, bicarbonate 4, BUN 46, chloride 119, and creatinine 2.9. His B-OH butyrate is elevated. Describe the evaluation and management of this patient until the time of hospital discharge.

Question 6

A 55-year-old white male presents to the emergency room, with 1 hour of crushing, substernal chest discomfort, nausea, and shortness of breath. Describe your evaluation and therapy of this patient in the emergency room including the differential diagnosis and disposition.

Question 7

A previously healthy 28-year-old male comes to your office with a productive cough, fever to 103, and mild shortness of breath. He is a heterosexual with no history of drug abuse. The illness began with a shaking chill 24 hours ago. Discuss the differential and suggest an approach to the evaluation of this patient.

Question 8

A 71-year-old male has small cell cancer of the lung. He also has a history of congestive heart failure but is not currently on diuretics. He is receiving chemotherapy and has been anorexic and nauseous. His intravenous line is running D5NSI/4 at 125cc per hour. He is found to be lethargic and confused. An SMA 7 shows sodium 119, potassium 4.3, bicarbonate 30, chloride 81, glucose 101, Bun 17, creatinine 1.5. Suggest a diagnostic plan for the evaluation of these electrolytes, given this patient's clinical situation, and describe the major therapeutic options for each of the major diagnostic possibilities.

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ORAL EXAM, QUESTION (CONT'D)
PART II

Question 9

A 29-year-old male presents with intermittent fevers to 102, severe lower abdominal cramps, and frankly bloody diarrhea for 24 hours. Outline the diagnostic possibilities and an approach to diagnosis including history, physical, laboratory exams, and procedures.

Question 10

A 25-year-old female is referred from her psychiatrist because of a T4 level of 13.9 (normal 4-11). How would you proceed to evaluate this patient?

Question 11

A 32-year-old male homosexual presents after having been found to be positive for the HIV. He is obviously emotionally distressed but has no physical complaints. What further would you do to evaluate this patient? What counseling would you give him? Would you offer him any treatment?

Question 12

A 33-year-old female complains that she has been tired for years. She also tells you that her hands often ache in the mornings when it is cold. Another physician obtained an ANA titer of 1:160 in a homogenous pattern and told her that she had SLE. She comes to you for a second opinion, medical book in hand. How would you proceed?

PLEASE RETURN TO:

Desiree Avery, Clerkship Coordinator
 Medical Education, Bldg 22A, Rm 2108
 714-456-5176 or fax to 714-456-5880

STUDENT: _____ **EXAMINER:** _____

A grade of "5" for any category reflects the performance expected of the average student. The "average" student is expected to be competent, well organized, and to possess a level of knowledge appropriate to his/her level of training. "10" students are clearly superior to the majority of their peers and show exceptional maturity and insight. "2" or less reflects a clearly inadequate performance. The final grade for the oral exam will be the average of the 4 grades given below. **Place comments on the back of this sheet.**

I. Part 1 : Case Presentation

A. Presentation:

Disorganized & difficult to follow, very inappropriate in length and emphasis, inarticulate.

Concise, organized, clear presentation of appropriate length, assured, articulate.

	inadequate		adequate		superior
1	2	3	4	5	6
		7	8	9	10

B. Assessment and Plan:

Lacks insight, prioritizes poorly, non-sensical approach to evaluation, insight well below level of training.

Insightful, mature, work-up appropriate & well thought-out, outstanding grasp of issues.

1	2	3	4	5	6	7	8	9	10
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II. Part 2 : Vignette Questions

Poorly prepared, does not understand clinical problem, shows no understanding of pathophysiology, differential and plan lack insight.

Extremely well prepared, understands pathophysiology, lists all key clinical findings, very ably prioritizes differential and plan shows clinical maturity.

A. First Vignette Question:

Question#

inadequate	adequate	superior
1	2	3
4	5	6
7	8	9
10		

B. Second Vignette Question:

Question#

inadequate	adequate	superior
1	2	3
4	5	6
7	8	9
10		

III. Total Points = _____ **=** _____

4 **4**

IV. Evaluator's Signature

Please discuss your evaluation with the student

Program: _____

CLINICAL EVALUATION EXERCISE (CEX)

This form and format are recommended for use by the teaching faculty and Residents in conducting and documenting focused clinical evaluation exercises on junior medical students.

Student's Name: _____

Location: LBVA or UCI

Evaluator's Name: _____

Date of Evaluation: _____

CEX Setting: (circle applicable site)

1. Inpatient Service

2. Clinic

- The focused 10-15 minute exercise is to be conducted by a faculty member who will observe the student interact with a patient and perform a focused history and/or physical examination.
- Upon completion, the evaluator should provide the student with feedback on the strengths and weaknesses observed in his/her clinical performance.
- Circle the category that best describes the student's skills and abilities for each component of clinical competence observed and evaluated.

1. CLINICAL SKILLS – HISTORY

Demonstrates consideration for the patient during the interview. Quickly recognizes and interprets nonverbal clues. Allows the patient adequate time to tell about the illness, yet directs questions smoothly and effectively to obtain pertinent and necessary information. Develops an accurate description of the pertinent symptoms and events in the present illness.

Unsatisfactory Marginal-Needs Attention Satisfactory Superior Insufficient Contact to Judge
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

2. CLINICAL SKILLS – PHYSICAL EXAMINATION

Demonstrates concern for the patient's comfort and modesty. Enlists the patient's cooperation. Follows a selective and logical sequence of examination, emphasizing those areas of importance suggested by the interviewer.

Unsatisfactory Marginal-Needs Attention Satisfactory Superior Insufficient Contact to Judge
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

3. CLINICAL JUDGMENT AND SYNTHESIS

Spends appropriate time for the complexity of the problem. Uses terminology that is meaningful and unambiguous. Presents information concisely, accurately, and in adequate detail without significant omissions or digressions. Integrates medical facts and clinical data and weighs alternatives, understands limitations of knowledge. Incorporates consideration of costs, risks, and benefits.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

4. HUMANISTIC QUALITIES

Demonstrates the necessary qualities and interpersonal skills that foster the development of an appropriate patient-physician relationship, including personal integrity, respects, compassion, and empathy for the patient's wishes, opinions, and need for information. Exemplifies that the primary concern is for the patient's welfare. Establishes trust. Appreciates the patient's perception of illness. Is careful to place the patient's problems in the context of the patient's life and history. Displays sensitivity to the patient's needs for comfort and encouragement.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

5. OVERALL CLINICAL COMPETENCE AS A STUDENT INTERNIST (as demonstrated in this focused exercise)

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

Signatures:

Evaluator

Student

Program: _____

CLINICAL EVALUATION EXERCISE (CEX)

This form and format are recommended for use by the teaching faculty and residents in conducting and documenting focused clinical evaluation exercises on junior medical students.

Student's Name: _____ **Location:** LBVA or UCI

Evaluator's Name: _____ **Date of Evaluation:** _____

CEX Setting: (circle applicable site) 1. Inpatient Service 2. Clinic

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Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

2. CLINICAL SKILLS – PHYSICAL EXAMINATION

Demonstrates concern for the patient's comfort and modesty. Enlists the patient's cooperation. Follows a selective and logical sequence of examination, emphasizing those areas of importance suggested by the interviewer.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
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Comments:

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Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

5. OVERALL CLINICAL COMPETENCE AS A STUDENT INTERNIST (as demonstrated in this focused exercise)

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

Signatures:

Evaluator

Student

Program: _____

CLINICAL EVALUATION EXERCISE (CEX)

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Evaluator's Name: _____ **Date of Evaluation:** _____

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Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

2. CLINICAL SKILLS – PHYSICAL EXAMINATION

Demonstrates concern for the patient's comfort and modesty. Enlists the patient's cooperation. Follows a selective and logical sequence of examination, emphasizing those areas of importance suggested by the interviewer.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

3. CLINICAL JUDGMENT AND SYNTHESIS

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Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

4. HUMANISTIC QUALITIES

Demonstrates the necessary qualities and interpersonal skills that foster the development of an appropriate patient-physician relationship, including personal integrity, respects, compassion, and empathy for the patient's wishes, opinions, and need for information. Exemplifies that the primary concern is for the patient's welfare. Establishes trust. Appreciates the patient's perception of illness. Is careful to place the patient's problems in the context of the patient's life and history. Displays sensitivity to the patient's needs for comfort and encouragement.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

5. OVERALL CLINICAL COMPETENCE AS A STUDENT INTERNIST (as demonstrated in this focused exercise)

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

Signatures:

 Evaluator

 Student

Program: _____

CLINICAL EVALUATION EXERCISE (CEX)

This form and format are recommended for use by the teaching faculty and residents in conducting and documenting focused clinical evaluation exercises on junior medical students.

Student's Name: _____

Location: LBVA or UCI

Evaluator's Name: _____

Date of Evaluation: _____

CEX Setting: (circle applicable site) 1. Inpatient Service 2. Clinic

- The focused 10-15 minute exercise is to be conducted by a faculty member who will observe the student interact with a patient and perform a focused history and/or physical examination.
- Upon completion, the evaluator should provide the student with feedback on the strengths and weaknesses observed in his/her clinical performance.
- Circle the category that best describes the student's skills and abilities for each component of clinical competence observed and evaluated.

1. CLINICAL SKILLS – HISTORY

Demonstrates consideration for the patient during the interview. Quickly recognizes and interprets nonverbal clues. Allows the patient adequate time to tell about the illness, yet directs questions smoothly and effectively to obtain pertinent and necessary information. Develops an accurate description of the pertinent symptoms and events in the present illness.

Unsatisfactory Marginal-Needs Attention Satisfactory Superior Insufficient Contact to Judge
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

2. CLINICAL SKILLS – PHYSICAL EXAMINATION

Demonstrates concern for the patient's comfort and modesty. Enlists the patient's cooperation. Follows a selective and logical sequence of examination, emphasizing those areas of importance suggested by the interviewer.

Unsatisfactory Marginal-Needs Attention Satisfactory Superior Insufficient Contact to Judge
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

3. CLINICAL JUDGMENT AND SYNTHESIS

Spends appropriate time for the complexity of the problem. Uses terminology that is meaningful and unambiguous. Presents information concisely, accurately, and in adequate detail without significant omissions or digressions. Integrates medical facts and clinical data and weighs alternatives, understands limitations of knowledge. Incorporates consideration of costs, risks, and benefits.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

4. HUMANISTIC QUALITIES

Demonstrates the necessary qualities and interpersonal skills that foster the development of an appropriate patient-physician relationship, including personal integrity, respects, compassion, and empathy for the patient's wishes, opinions, and need for information. Exemplifies that the primary concern is for the patient's welfare. Establishes trust. Appreciates the patient's perception of illness. Is careful to place the patient's problems in the context of the patient's life and history. Displays sensitivity to the patient's needs for comfort and encouragement.

Unsatisfactory **Marginal-Needs Attention** **Satisfactory** **Superior** **Insufficient Contact to Judge**
1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

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1 - 2 - 3 4 5 - 6 7 - 8 - 9 (✓ if applicable)

Comments:

Signatures:

Evaluator

Student

UCI Internal Medicine 3rd Year Clerkship

Transitions of Care Learning Exercise: to be done 1-3 times during the rotation

1. Post-hospital Telephone Call

Instructions: Print out the discharge summary and instructions for the patient. Call a patient that you took care of in the hospital 2-3 days after discharge. This patient must speak English (or you speak their language fluently), and must not have dementia.

i. “My name is _____ and I was part of the team taking care of you in the hospital. I wanted to call to see how you were doing.” (If the patient is not doing well, put them in touch your supervising resident/attending. If unsure, ask your supervisor. If well, proceed to next.)

ii. I am also trying to learn about the difficulties our patients face as they exit the hospital. May I ask you a few more questions?

ii. Tell me the main reasons why you were in the hospital? What is your understanding of the diagnosis/conclusion/reason for your illness? Record verbatim their comments..

iii. Tell me about your new medications. What are they for? (Pick one or two of the new medications.) How are you to take them? How have you been taking them? What is your understanding of the most common problems with these drugs?

iv. If you have questions, who will you call and how will you reach them?

v. What is something that you appreciated we did as you went home from the hospital?

vi. What would you recommend to us to make things better on the day you were released from the hospital?

vii. “Thank you for your time. This has helped me learn how to be a better doctor. And I’m glad you are doing well.”

2. Alternative: post-hospital follow up visit. Same questions as above.

3. Patient Name:

A. Does the main discharge diagnosis correlate with the patients understanding of the reason for hospitalization?	Y	N
B. Did your team use a translator for patient education on the discharge day?	Y	NA
C. Did your team use the Teach-Back method for patient education?	Y	N
D. If applicable, did your patient understand what the new medication was for?	Y	NA
E. If applicable, did your patient understand what adverse drug effects to look out for?	Y	NA
F. Did your patient know how to reach someone for questions? (Review the discharge instructions for the patient. Recall if a business card was given.)	Y	N

G. Name two things you would recommend the team do differently next time and two things they did well. (Write on the back side.)

H. Discuss this with your attending. *Attending Signature* _____

UCI Internal Medicine 3rd Year Clerkship

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2. Alternative: post-hospital follow up visit. Same questions as above.

3. Patient Name:

I. Does the main discharge diagnosis correlate with the patients understanding of the reason for hospitalization?	Y	N
J. Did your team use a translator for patient education on the discharge day?	Y	N NA
K. Did your team use the Teach-Back method for patient education?	Y	N
L. If applicable, did your patient understand what the new medication was for?	Y	N NA
M. If applicable, did your patient understand what adverse drug effects to look out for?	Y	N NA
N. Did your patient know how to reach someone for questions? (Review the discharge instructions for the patient. Recall if a business card was given.)	Y	N

O. Name two things you would recommend the team do differently next time and two things they did well. (Write on the back side.)

P. Discuss this with your attending. *Attending Signature* _____

UCI Internal Medicine 3rd Year Clerkship

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2. Alternative: post-hospital follow up visit. Same questions as above.

3. Patient Name:

Q. Does the main discharge diagnosis correlate with the patients understanding of the reason for hospitalization?	Y N
R. Did your team use a translator for patient education on the discharge day?	Y N NA
S. Did your team use the Teach-Back method for patient education?	Y N
T. If applicable, did your patient understand what the new medication was for?	Y N NA
U. If applicable, did your patient understand what adverse drug effects to look out for?	Y N NA
V. Did your patient know how to reach someone for questions? (Review the discharge instructions for the patient. Recall if a business card was given.)	Y N

W. Name two things you would recommend the team do differently next time and two things they did well. (Write on the back side.)

X. Discuss this with your attending. *Attending Signature* _____

SAMPLE
Inpatient & Ambulatory Medicine
Final Grade Report

Student Name:

Inpatient Medicine, Rotation #:
 Ambulatory Medicine, Rotation #:

Clinical Grading Elements:	Averages
1. Knowledge Base	
2. Enthusiasm for self learning	
3. Observed interview skills	
4. Ability to present a case	
5. Ability to create differential diag	
6. Devise a rational plan	
7. Enthusiasm, cooperation	
8. Professionalism, integrity	
9. Concern for patient	

Grade Summary:		
CEX 4		
H&P 4		
PN 2		
Written Score /4	Raw Score	
Clinical Score/10	Calculated	
Oral Exam		
Vignettes		
Total Score		
Final Grade		

Key:

- 5 = Clearly outstanding
- 4 = Above expected for level of training

- 3 = At expected level for level of training
- 2 = Adequate, but below expected for level of training
- 1 = Clearly below satisfactory, failing in this skill

Summative Comments: [name] was a student on the Inpatient Medicine (dates) and Ambulatory Medicine Service (dates) at the University of California, Irvine. Clinical evaluators felt that (his/her) knowledge base was [level] the level expected. [His/Her] enthusiasm for learning and for teaching others was felt to be [level] the level expected. [His/Her] clinical skills (history taking, physical exam, case presentation, differential diagnosis and plan) were [level] the level expected. [His/Her] enthusiasm, professionalism, and humanistic qualities were [level] the level expected.

Representative Comments from Ward Attendings were:

Representative Comments from Residents were:

Representative Comments from Vignettes were:

Representative Comments from Patients were:

[Name] received a final grade of [grade]. This student was considered to have [level] potential for a career in Internal Medicine.

III. Formative Comments:

IV. [] This student's performance is problematic in the following areas and should be brought to the attention of his/her advisor and the Office of the Associate Dean of Student Affairs and the Associate Dean of Clinical Affairs.

Signature:

Date:

Alpesh Amin, MD, MBA
 Clerkship Director Inpatient & Ambulatory Medicine