Date:
Student Name:
Feedback Provider:
Other Team Members Present:

KNOWLEDGE AND SELF DIRECTED LEARNING GENERAL NEUROLOGY BACKGROUND PATIENT SPECIFIC KNOWLEDGE INDEPENDENT LEARNING AND USE OF LITERATURE			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Should spend additional effort for a solid general neurology foundation. Does not always know the answer to basic questions on rounds. Appropriate patient-specific background reading needs expanding. Needs to begin to make a contribution towards patient management discussion. Needs to follow through on topics discussed on previous day. Needs to be more pro-active and independent in accessing the literature.	Demonstrated very good knowledge about neurology in general and very well-read on patient's condition. Able to contribute to discussions on diagnosis and patient management on rounds and in conference. Demonstrated use of literature to supplement prior discussions and management questions. Asked well formulated questions to integrate material.	Integrated knowledge of pathophysiology and neuroanatomy in the context of the patient, to directly impact the differential and management. Thorough background reading on patient evident implicitly and explicitly in oral presentations and general discussion. Consistently and independently used literature to follow-up prior discussions and apply evidence-based medicine for patient care. Brought extremely relevant information from the literature to the team.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

KNOWLEDGE APPLICATION AND CASE SYNTHESIS PARTICIPATION DURING ROUNDS AND CONFERENCES ABILITY TO SYNTHESIZE INFORMATION FOR DIAGNOSIS AND MANAGEMENT TEACHING TOPIC			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Needs to appear more engaged and participatory on rounds and in conferences. Case synthesis was incomplete, and components of the history, exam, studies, and assessment are disconnected. Differential needs to be elaborated upon and prioritized. Did not always provide rationale for the provided differential. Needs to be more prepared to discuss management issues with the team. If a teaching topic was presented, it was overly basic or not sufficiently related to the clinical scenario which prompted the topic.	Demonstrated case synthesis by elaborating upon elements in the case history and linking these together with the history, exam, and studies. Provided a very reasonable and prioritized differential, with logical and comprehensive thought process. Notable effort at contributing and participating to discussion. If a teaching topic was presented, it was valuable to the team and helped to answer the clinical question posed.	Demonstrated a deep understanding of the key elements of the case, linking and reinforcing these throughout the presentation and assessment. Differential was exceedingly well rationalized and well prioritized with all major diagnoses considered. Demonstrated that prior discussion was effectively incorporated into future patient care issues. Teaching topic was highly relevant, concise, and had high educational value for everyone on the team.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			

ACTION PLAN:

HISTORY AND DATA ASCERTAINMENT COMPLETION OF HISTORY PSYCHOSOCIAL BACKGROUND GATHERS ANCILLARY DATA AWARENESS OF ACTIVE ISSUES			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
History sometimes had major gaps that needed to be filled. Diagnosis sometimes remained unclear after history was presented. The history obtained by the attending differed significantly from that presented by the student. Insufficient psychosocial background was obtained to make management decisions. Medical history not always supplemented by thorough review of past records. Does not seek additional informants when history is incomplete. Not always aware of active issues with patients s/he is following; resident needed to fill-in gaps.	History was complete, reliable, accurate, and well-integrated. Diagnosis was typically evident after the history. Psychosocial history demonstrates good understanding of patient's viewpoint, their resources, and support system. All available records were reviewed to supplement HPI and PMH. Outside records were always obtained. Additional informants are sought when patient had impaired mental status.	Student knew the patient better than anyone on the team. History was comprehensive, presented logically and concisely, and integrates localization and differential by pertinent positives and negatives. Full appreciation of patient and family from a psycho-social perspective that translated into improved care. All medical background was reviewed from all available sources. Spoke to multiple sources to complete history and assess baseline functional status. Awareness of active issues resulted in more efficient care.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

PHYSICAL EXAMINATION THOROUGHNESS AND FLEXIBILITY TECHNIQUE RELIABILITY AND CLARIFICATION			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Exam was not always complete, or was cursory and superficial. Technique was not always organized. Technique in using instruments or providing instruction was not always correct. Exam was sometimes not reliable upon checking by resident or attending. Clarification was not always sought when a finding was unclear.	Exam was complete with very good technique and proper sequencing. Provided clear and confident instructions to the patient. Exam findings were reliable and accurate. Would appropriately ask for clarification from attending or resident if something was unclear.	Exam always complete with additional time spent on key findings which support or refute items on the differential. Additional examination techniques might be used that are not part of the screening exam (i.e. cortical signs). Technique was excellent with smooth and logical sequencing. Exam findings were always highly reliable, even subtle ones.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

ORAL PRESENTATIONS

COMPOSURE

ORGANIZATION AND LOGIC ASSESSMENT			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Oral presentations overly casual or insufficiently prepared. Presenting composure needs improving (i.e. resting head on hand, no eye contact, slouched). Did not always follow proper organization and basic structure (i.e. CC not stated first, HPI focused upon hospital course or other provider opinions, exam not in order). Diagnosis was not apparent after history. Did not add pertinent positives or negatives. Read directly from note. Included unnecessary ROS or FH. Assessment inconsistently provided, or not well prepared. Localization and differential inconsistent, and not always well-reasoned.	Presents patients with enthusiasm, composure, and eye contact. Always starts with chief complaint. HPI is highly organized, logical, and framed around presenting symptoms and circumstances. HPI and PE would sometimes use pertinent positives and negatives. Makes a good attempt at localization. Diagnosis was usually apparent at the end of the history. Assessment was logical and well-rationalized, with a reasonable plan to treat the patient.	Presentations were engaging and gained everyone's attention. Highly organized, logical, concise, and able to anticipate the listener's questions at the time the question would arise. Localization and differential were apparent early based upon sequencing and supporting elements. Exam was presented in a very concise and efficient manner, with pertinent positives and negatives (i.e. no Horner's sign). Assessment was composed and accurate, effectively assimilating elements foreshadowing localization with complete and prioritized differential diagnosis.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

DOCUMENTATION			
STRUCTURE, LEGIBILITY, TIMELINESS COMPREHENSIVENESS ACCURACY			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Write-ups were incomplete or superficial. Organization incorrect. Sometimes put note in chart late. Pages Some notes may have been messy with unclear handwriting, wrinkled pages, crammed margins, multiple cross-outs. Did not always summarize, localize, and create a prioritized differential for H&Ps. SOAP notes did not always document progress and thought process. Note not always amended to ensure accuracy to modified exam findings and plan. Should take time to start SOAP note prior to rounds, to solidify thought process. Needs to have notes signed by resident on a timely basis	Write-ups organized, complete, neatly presented, and submitted on time. HPI had high level of detail logically constructed on timeline. Notes were a reliable and concise source of information. Provided informative SH. PE was well organized with abnormal findings highlighted. Assessment was complete with summary, localization, differential, thought process, and plan.	All sections exceedingly well organized, comprehensive, and concise. Formatting ensured the note could be read quickly. HPI read like you personally spent 20 minutes getting the history. PMH was exhaustive with all the details. SH was comprehensive with support, living arrangements, financial situation, education, vocation, insurance issues, etc. Assessment was very effectively laid-out with summary statement which distilled the most critical information, followed by a well-reasoned localization, differential, and plan. In general, the note was an asset for the chart, and could serve as an example for 2nd and 3rd year students.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

PATIENTS AND FAMILIES

RAPPORT EDUCATION AND UPDATING RESPECT AND ADVOCACY			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Interactions with patients and families awkward at times. Does not always perceive social cues. May have unknowingly said things which were inappropriate or insensitive. Does not appear to see patient more than the minimal. May have made comments about patients to members of the team that display insensitivity or lack of perspective. Did not always advocate for their patient. Did not seem to go out of the way to help make the hospital stay more efficient.	Consistently established effective rapport with patients to put them at ease and create trust. Very astute at picking up social cues. Asks open-ended questions and listens carefully. Will acknowledge emotions or difficulty situations. Makes effort to keep patients informed of developments. Very respectful and pro-active about their role as student doctor. Patients identify the student as “their doctor”.	Remarkable ability to put patients and families at ease even under stressful moments. Exhibits patience and empathy allowing patients so they confide important details based upon earned trust. Patients and families explicitly praised the student, remarking on the high level of care and commitment. Always keeps patients educated and informed, visiting several times per day to do so. Displays utmost respect and compassion, even for the anxious or “difficult” patient. Always seeking ways to ensure patients received the best, most efficient, most comfortable care.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

TEAMWORK AND COMMUNICATION			
TEAMWORK AND WORK ETHIC RELIABILITY & RESOURCEFULNESS COMMUNICATION			
BELOW EXPECTATIONS	**MEETING EXPECTATIONS**	**BEGINNING TO EXCEED EXPECTATIONS**	
Does not always mesh with team effectively. Reasons might include passivity, arrogance, impulsiveness, inappropriate interjections, or apparent disinterest. Needs to always “take ownership” of patients, or contribute to work for the team. Not able to be relied upon to bring tasks to completion or follow-through on providing optimal care. Does not always keep team apprised of patient developments or personal whereabouts. May not always communicate with other health care members to be most effective. May be looking for first opportunity to leave.	Excellent team player who is pleasant and happy to assist with patient care. Can be relied upon to complete all tasks, and trusted to independently identify additional tasks within their capability. Very effective at communicating patient care to residents and attendings. Resident always knew their whereabouts.	Integration was quick and seamless, functioning at full capacity to help. Accepts and seeks additional patient care and educational assignments with enthusiasm. Improved patient care due to productivity and interpersonal skills. Used excellent judgment in accomplishing tasks. Can be relied upon to have something “as good as done”. Communication is exemplary with all members of the health care team (i.e. nurses, techs, unit secretary, therapists, social worker, and case coordinator). Returns to help after clinic. Always stays until work is complete or needs to leave for hours policy reason.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐
SPECIFICS:			
ACTION PLAN:			

PROFESSIONALISM, PERSONAL DEVELOPMENT, AND JUDGMENT
FEEDBACK

DEDICATION & INITIATIVE
APPEARANCE

BELOW EXPECTATIONS	MEETING EXPECTATIONS	BEGINNING TO EXCEED EXPECTATIONS	
May become defensive or resistant to feedback, or gave impression that they were overconfident in abilities. Dedication was not always apparent based upon timeliness, preparation for rounds, follow-through on tasks. Appear to either arrive late or leave early. May not be pro-active about creating learning opportunities with excess down time. May have difficulty identifying tasks that needed completion, or following through to get tasks complete. Would sometimes appear unprofessional with regards to personal appearance and dress.	Sought and integrated feedback into performance. Very respectful and with high motivation to improve. Excellent dedication towards rotation, patients, and team with proper preparation and staying until work is complete. Very eager to work-up patients and accept new responsibilities. Very effective at identifying tasks that could get accomplished, and at working at an appropriate level of competence and independence. Always appeared professional in dress and appearance.	Outstanding and mature approach to rapidly incorporating feedback from all members of the team into their performance. Displayed a total commitment for the rotation and their education with mature and pro-active approach. Initiative points to a future role as a leader. Displayed grace under fire to accomplish tasks effectively. Always identifying ways to improve the process. Their participation and attitude has positively impacted patient care and the level of education.	Unable to Judge
1 ☐	2 ☐	3 ☐	☐

SPECIFICS:

ACTION PLAN:

FORMATIVE ASSESSMENT (Feedback on capabilities and achievements to take forward):

PLAN FOR IMPROVEMENT: