Evaluations

FCM 110 Evaluation Guidelines for Preceptors

UCSF uses an online evaluation program called MedHub. Three times a year, about every 4 months, you will get a notification email from MedHub that you have evaluations pending. **Please fill these out within 3 weeks of receiving the notification** so we can turn in grades on time. The Licensing Committee on Medical Education (LCME) which licenses all medical schools requires that evaluations of medical students be submitted promptly after they finish their rotation. Besides adhering to an LCME mandate, providing prompt evaluations makes our feedback far more meaningful for students.

Students also complete evaluations about their preceptor. These are available for your viewing once you complete the reciprocal evaluation of the student. If you would like to view the feedback students have about their time working with you, please follow the instructions in the Evaluate User Guide below.

- MedHub User Guide - Faculty
- Sample preceptor evaluation of student
- Sample student evaluation of preceptor

Guidelines for Evaluations:

In order for your feedback to be included in students’ final evaluations, it is essential that you complete your online evaluations of students no later than 3 weeks after receiving the notification.

- The first part of the evaluation form consists of ratings, 1-4, of specific competency domains. If you mark any item 2.5 or less, please also add constructive comments about that item.

**Numerical ratings on the evaluation form**

- Please read the descriptions of each numerical rating!
- Students at expected competency receive 3’s in each category
- Students above expected competency receive 3.5 or 4s
- Your numerical rating should align with your comments

**RIME evaluation framework**

The RIME framework describes the typical progression of students’ development of clinical skills and clinical reasoning, and it is useful for figuring out where your student is with clinical skills.

<table>
<thead>
<tr>
<th>Specific skills</th>
<th>The question they answer...</th>
<th>Notes &amp; presentations</th>
<th>Who this describes...</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-REPORTER</td>
<td>Working on Reporter skills</td>
<td>Incomplete or inconsistent History, PE</td>
<td>MS3 not yet at expected competency</td>
</tr>
<tr>
<td>REPORTER</td>
<td>Gathers basic H &amp; P reliably and accurately</td>
<td>Tries to answer <strong>what</strong> is happening with the patient?</td>
<td>Reliably completes History, PE</td>
</tr>
<tr>
<td>REPORTER</td>
<td>Uses appropriate terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERPRETER</td>
<td>Consistently identifies and prioritizes problems</td>
<td>Takes ownership for addressing the <strong>why</strong> questions to explain changes in patient status.</td>
<td>Reliably completes the Assessment</td>
</tr>
<tr>
<td>REPORTER</td>
<td>Constructs a differential diagnosis related to each clinical problem</td>
<td>Takes ownership for answering the <strong>how</strong> about patient care.</td>
<td>Constructs assessment and plan independently</td>
</tr>
<tr>
<td>MANAGER</td>
<td>Offers 2-3 reasonable possibilities and can cite reasons they may apply to this patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATOR</td>
<td>Interprets data, including laboratory and radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATOR</td>
<td>Advanced knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATOR</td>
<td>Active participant in patient care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDUCATOR</td>
<td>Reporter plus:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key information to include in your written comments

- **Patient care**
  - H & P skills that you have observed – accuracy, completeness, appropriate focus for patient problem
  - Ability to generate assessment and differential diagnosis, understanding of overall picture for the patient and details of patient's care
  - Ability to understand or generate plan

- **Medical knowledge**
  - Understanding of patient problems, reasoning through problems student does not know
  - Reads to learn new information relevant to patients s/he is seeing

- **Communication/professionalism**
  - Rapport with patient and family, responsiveness to patient’s emotional cues
  - Punctuality, participation
  - Responsiveness to feedback
  - Reliability in completing tasks; initiative

- **Constructive comments**
  - Use this section to document next steps for student’s learning and development, concerns about performance.
  - Please give in-person feedback to students on the information you will write in the evaluation so that there are no surprises.

It is most helpful when comments provided are directly performance-related and match the numeric scores you give. For example, if you thought a student did an outstanding job, better than most of their peers, then a 4.0 would be an appropriate score and comments should reflect that. If you thought the student was right where they should be, or slightly above, at this stage of training, then a 3.0 or 3.5 would be an appropriate score with comments that they were doing an excellent job, right on track. On the other hand, saying a student did “a good job” and then scoring them with a 4.0, which is considered outstanding, makes it difficult for all to understand how a student actually performed.

**Grades are assigned based on:**

- Numerical scores from all evaluators and narrative comments for performance in 3 key domains: clinical skills, knowledge and problem solving, communication and professionalism
- Clerkship exam
- Completion of other clerkship assignments

See UCSF MD competencies and milestones at: [http://meded.ucsf.edu/ume/md-competencies](http://meded.ucsf.edu/ume/md-competencies)

**Examples:**

*(NOTE: These are based on overall evaluations submitted by the clerkship director and included in students' Dean's Letter. Individual preceptors will provide separate comments for different competency areas- eg, Medical Knowledge, Patient Care, etc. Preceptor comments do not need to be quite this extensive)*

**Honors student - manager level**

XX has outstanding clinical skills. Her patient histories and physical exams are detailed and reliable yet appropriately focused to the patients chief concerns. Her oral presentations and written notes reflect keen diagnostic reasoning and an impressive ability to prioritize key concerns. She readily synthesizes data to independently arrive at her own assessment and plan. Her patient plans reflect her use of evidence based guidelines, clinical reasoning and also integrate the patients’ preferences and beliefs. She has a broad and deep fund of knowledge for her stage of training and read extensively outside of clinic to increase her knowledge base. She is consistently reliable and has outstanding professionalism. She can be relied on to follow up with labs and also takes initiative to follow up with patients by phone to ensure that they receive the best possible care. A motivated learner, she actively solicited feedback and integrated suggestions. She has warm interpersonal skills and brings compassion and excellent listening to patient visits. She quickly established warm rapport with patients. She communicates clearly with patients and staff. She integrated smoothly into the health care team, and everyone appreciated her positive attitude.

**Pass student – reporter-interpreter**

XX has excellent clinical skills. His patient histories and physical exams are detailed and thorough. His oral presentations and written notes reflect excellent clinical reasoning. He synthesizes patient data into clear, well-organized presentations. He has an excellent fund of knowledge that he readily applies to generate a differential diagnosis for his patients’ problems. His written notes are completed on time and clearly communicate solid clinical decision-making. He looked up important information in the medical literature about his patients. He has excellent professional and interpersonal skills. He was punctual and could be relied upon to complete all patient tasks including follow up of labs, etc. He responded well to constructive suggestions. His kind, empathic manner allowed patients to readily trust him and feel comfortable with his care. He communicates clearly with patients and staff and took extra time to ensure that patients understood their treatment plan. He was a valuable member of our health care team.

**Student with performance concerns (pre-reporter or reporter)**
XX has good clinical skills. Her patient histories and physical exams contain important information. She worked hard to improve her clinical skills. By the end of the rotation, her patient evaluations were more detailed and thorough and her written notes were more organized and clear. She has a very good fund of knowledge. Her solid clinical reasoning skills allow her to generate at least one possible diagnosis for a patient’s problem. She asked good questions and was enthusiastic about learning. She took feedback to heart and worked hard to integrate constructive suggestions. As a result she made strong improvement in her patient interactions over the rotation. She has very good professional skills. She was punctual, responsible and engaged in learning and patient care. She was diligent in completing all assigned tasks. She has a kind manner, listens well and engaged nicely with patients and families. She is respectful of patients and staff at all times. A team player, she worked well in our outpatient setting and fit in well with our health care team.

- The last question asks for your confidential grading recommendation. Please do not make any statements about grades or any reference to a recommendation for “honors” in any of the comments sections. It is up to the FCM 110 course director to make a determination about honors based on the scores, comments and recommendations of all preceptors that worked with the student. “Honors” recommendations should be reserved for students that have done outstanding work in most areas and whom you rated mostly 4’s and 3.5’s.