Mid-Clerkship Formative Self-Assessment by Student

UC RIVERSIDE School of Medicine

Medical student:

Faculty mentor reviewing this self-assessment:

Clerkship:

Setting: _____Inpatient _____Outpatient
Date this form was completed: ___/___/___

Please list all individual assessments contributing to this mid-clerkship formative assessment. →→→→→→→

Required clinical experiences (case logs) reviewed: □ Yes □ No - Please explain:
Clerkship Observed Clinical Encounter: Name_____ □ Faculty (required) Date_____
Duty hours reviewed: □ Yes □ No - Please explain:

Site:

Rotation dates: ___/___/_____ - ___/___/_____

Note: Mid-clerkship formative assessment is for constructive feedback only, and should not contribute to students' clerkship grades. **Please don't discuss grades in feedback meeting!**

Other assessment: Name_____ □ Faculty □ Resident Date_____
Other assessment: Name_____ □ Faculty □ Resident Date_____
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Other assessment: Name_____ □ Faculty □ Resident Date_____

Instructions for student: Please complete self-assessment by selecting ratings between 1 and 4 from center columns. →→→→→		**Behaviors requiring corrective response** (Please provide constructive narrative comments to assist with remediation.)	**Early developing behaviors** (typical for a student early in the MS3 year)	**Later developing behaviors** (typical for a student later in the MS3 year)	**Expected behaviors for an entrustable learner** (skill level = ready for residency). Please explain in narrative comments.	**Not assessed**
Entrustable Professional Activity (EPA) 1		1	2	3	4	N/A
Gather a history and perform a physical examination.	1.1 - Obtain a complete and accurate history in an organized fashion.	Does not collect accurate historical data. Relies exclusively on secondary sources or documentation of others.	Gathers excessive or incomplete data. Does not deviate from a template.	Uses a logical progression of questioning. Questions are prioritized and not excessive.	Obtains a complete and accurate history in an organized fashion. Seeks secondary sources of information when appropriate (e.g. family, living facility). Adapts to different care settings/encounters.	Not assessed
	1.2 - Demonstrate patient-centered interview skills.	1	2	3	4	N/A
		Is disrespectful in interactions with patients. Disregards patient privacy and autonomy. Handles cultural differences insensitively. Does not communicate bidirectionally, including with members of other constituent societal groups.	Communicates unidirectionally. Misses verbal and nonverbal cues. May generalize based on age, gender, culture, race, religion, disabilities, and/or sexual orientation. Does not consistently consider patient privacy/autonomy.	Demonstrates effective communication skills, including silence, open-ended questions, body language, listening, and avoids jargon. Responds appropriately for age, gender, culture, race, religion, disabilities and/or sexual orientation.	Adapts communication skills to the individual patient's needs and characteristics. Responds effectively to patient's verbal and nonverbal cues and emotions.	Not assessed
	1.3 - Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.	1	2	3	4	N/A
		Fails to recognize patient's central problem.	Questions are not guided by the evidence and data collected. Does not prioritize or filter information. Questions reflect a narrow differential diagnosis.	Questions are purposefully used to clarify patient's issues. Is able to filter signs and symptoms into pertinent positives and negatives.	Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning. Incorporates secondary data into medical reasoning.	Not assessed
	1.4 - Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit.	1	2	3	4	N/A
		Does not consider patient's privacy and comfort during exams. Incorrectly performs basic physical exam maneuvers.	Performs basic exam maneuvers correctly. Does not perform exam in an organized fashion. Misses key findings.	Targets the exam to areas necessary for the encounter. Identifies and describes normal findings. Explains exam maneuvers to patient.	Performs an accurate exam in a logical and fluid sequence. Uses the exam to explore and prioritize the working differential diagnosis. Can identify and describe normal and abnormal findings.	Not assessed
Entrustable Professional Activity (EPA) 2		1	2	3	4	N/A
Prioritize a differential diagnosis following a clinical encounter.	2.1 - Synthesize essential information from previous records, history, physical exam, and initial diagnostic evaluations to propose a scientifically supported differential diagnosis	Cannot gather or synthesize data to inform an acceptable diagnosis. Lacks basic medical knowledge to reason effectively.	Struggles to filter, prioritize and connect information sources. Proposes a differential diagnosis that is too narrow/too broad/inaccurate. Demonstrates difficulty retrieving knowledge for effective reasoning.	Gathers pertinent data. Proposes a reasonable differential diagnosis but may neglect important diagnostic information. Is beginning to organize knowledge to generate and support a diagnosis.	Gathers pertinent information from many sources in a hypothesis-driven fashion Filters, prioritizes, and connects information sources. Proposes a relevant differential diagnosis that is neither too broad nor too narrow Organizes knowledge to generate and support a diagnosis.	Not assessed
	2.2 - Prioritize and continue to integrate information as it emerges to update differential diagnosis, while managing ambiguity.	1	2	3	4	N/A
		Disregards emerging diagnostic information. Becomes defensive and/or belligerent when questioned on differential diagnosis.	Does not integrate emerging information to update the differential diagnosis. Displays discomfort with ambiguity.	Considers emerging information but does not completely integrate to update the differential diagnosis. Acknowledges ambiguity and is open to questions and challenges.	Seeks and integrates emerging information to update the differential diagnosis. Encourages questions and challenges from patients and team.	Not assessed
	2.3 - Engage and communicate with team members for endorsement and verification of the working diagnosis that will inform management plans.	1	2	3	4	N/A
		Ignores team's recommendations. Develops and acts on a management plan before receiving team's endorsement. Cannot explain or document clinical reasoning.	Recommends a broad range of untailored diagnostic evaluations. Depends on team for all management plans. Does not completely explain and document reasoning.	Recommends diagnostic evaluations tailored to the evolving differential diagnosis after having consulted with team. Explains and documents clinical reasoning.	Proposes diagnostic and management plans reflecting team's input. Seeks assistance from team members. Provides complete and succinct documentation explaining clinical reasoning.	Not assessed

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Entrustable Professional Activity (EPA) 3		1	2	3	4	N/A
Recommend and interpret common diagnostic and screening tests.	3.1 - Recommend first-line cost-effective screening and diagnostic tests for routine health maintenance and common disorders.	Unable to recommend a standard set of screening or diagnostic tests. Demonstrates frustration at cost containment efforts. When recommending tests, rejects or ignores principles of health equity.	Recommends tests for common conditions, beginning to incorporate basic principles of health equity. Does not consider harm, costs, guidelines, or patient resources. Does not consider patient-specific screening unless instructed.	When recommending tests, considers costs and incorporates principles of health equity. Identifies guidelines for standard tests. Repeats diagnostic tests at intervals that are too frequent or too lengthy.	Recommends key, reliable, cost-effective screening and diagnostic tests. Applies patient-specific guidelines. Incorporates a nuanced understanding of principles of health equity to help all patients achieve their full health potential.	Not assessed
	3.2 - Provide rationale for decision to order tests, taking into account preand posttest probability and patient preference.	1	2	3	4	N/A
		Cannot provide a rationale for ordering tests.	Recommends unnecessary tests or tests with low pretest probability. Neglects patient's preferences.	Understands pre- and posttest probability. Neglects impact of false positive or negative results. Aware of patient's preferences.	Provides individual rationale based on patient's preferences, demographics, and risk factors. Incorporates sensitivity, specificity, and prevalence in interpreting tests. Explains how results influence diagnosis and evaluation.	Not assessed
	3.3 - Interpret results of basic studies and understand the implication and urgency of the results.	1	2	3	4	N/A
		Can only interpret results based on normal values from the lab. Does not discern urgent from nonurgent results.	Misinterprets insignificant or explainable abnormalities. Does not know how to respond to urgent test results. Requires supervisor to discuss results with patient.	Recognizes need for assistance to evaluate urgency of results and communicate these to patient.	Distinguishes insignificant from clinically important findings. Discerns urgent from nonurgent results. Seeks help for interpretation of tests beyond scope of knowledge.	Not assessed
Entrustable Professional Activity (EPA) 4		1	2	3	4	N/A
Enter and discuss orders and prescriptions.	4.1 - Compose orders efficiently and effectively verbally, on paper, and electronically.	Unable to compose or enter electronic orders or write prescriptions (or does so for the wrong patient or using an incorrect order set). Does not follow established protocols for placing orders.	Does not recognize when to tailor or deviate from the standard order set. Orders tests excessively (uses shotgun approach). May be overconfident, does not seek review of orders.	Recognizes when to tailor or deviate from the standard order set. Completes simple orders. Demonstrates working knowledge of how orders are processed in the workplace. Asks questions, accepts feedback.	Routinely recognizes when to tailor standard order set. Can complete complex orders requiring changes in dose or frequency. Waits for contingent results before ordering more tests. Recognizes limitations and seeks help.	Not assessed
	4.2 - Demonstrate an understanding of the patient's condition that underpins the provided orders.	1	2	3	4	N/A
		Lacks basic knowledge needed to guide orders. Demonstrates defensiveness when questioned.	Has difficulty filtering and synthesizing information to prioritize diagnostics and therapies. Unable to articulate the rationale behind orders.	Articulates rationale behind orders, May not take into account subtle signs or exam findings guiding orders.	Recognizes patterns, takes into account the patient's condition when ordering diagnostics and/or therapeutics. Explains how test results influence clinical decision making.	Not assessed
	4.3 - Recognize and avoid errors by attending to patient-specific factors, using resources, and appropriately responding to safety alerts.	1	2	3	4	N/A
		Discounts information about drug–drug interactions. Fails to adjust doses when advised to do so by others. Ignores alerts.	Underuses information that could help avoid errors Relies excessively on technology to highlight drug–drug interactions and/or risks (e.g., smartphone or EHR suggests an interaction, but learner cannot explain relevance).	May inconsistently apply safe prescription-writing habits such as double-check of patient's weight, age, renal function, comorbidities, dose and/or interval, and pharmacogenetics when applicable.	Routinely practices safe habits when writing or entering prescriptions or orders. Responds to EHR's safety alerts and understands rationale. Uses electronic resources to inform safe order writing.	Not assessed
	4.4 - Discuss planned orders and prescriptions with team, patients, and families.	1	2	3	4	N/A
		Places orders and/or prescriptions that directly conflict with patient's and family's health or cultural beliefs. Handles cultural differences insensitively.	Places orders without communicating with others. Uses unidirectional style ("Here is what we are doing…"). Does not consider cost of orders or patient's preferences.	Modifies plan based on patient's preferences. May describe cost-containment efforts as externally mandated and interfering with the doctor–patient relationship.	Enters orders that reflect bidirectional and culturally sensitive communication with patients, families, and team. Considers the costs of orders and the patient's ability and willingness to proceed with the plan.	Not assessed

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Entrustable Professional Activity (EPA) 5		1	2	3	4	N/A
Document a clinical encounter in the patient record.	5.1 - PriorItize and synthesize information into a cogent narrative for a variety of clinical encounters (e.g., admission, progress, pre- and post-op, and procedure notes; informed consent; discharge summary).	Provides incoherent documentation.	Misses key information. Uses a template with limited ability to adjust or adapt based on audience, context, or purpose.	Provides key information but may include unnecessary details or redundancies. Demonstrates ability to adjust or adapt to audience, context, or purpose.	Provides a verifiable cogent narrative without unnecessary details or redundancies. Adjusts and adapts documentation based on audience, context, or purpose (e.g., admission, progress, pre- and post-operative care, procedure notes, informed consent, discharge summary).	Not assessed
	5.2 - Follow documentation requirements to meet regulations and professional expectations.	1	2	3	4	N/A
		Copies and pastes information without verification or attribution. Does not provide documentation when required. Provides illegible documentation.	Produces documentation that has errors or does not fulfill institutional requirements. Has difficulty meeting turnaround expectations, resulting in team members lacking documentation.	Recognizes and corrects errors in documentation. Meets needed turnaround time for standard documentation. May not document primary or secondary sources important to encounter.	Provides accurate, legible, timely documentation that includes institutionally required elements. Documents in the patient's record role in team-care activities. Documents use of primary and secondary sources necessary to fill in gaps.	Not assessed
	5.3 - Document a problem list, differential diagnosis, and plan supported through clinical reasoning that reflects patient's preferences.	1	2	3	4	N/A
		Includes inappropriate judgmental and/or racially discriminatory language. Documents potentially damaging information without attribution.	Does not document a problem list, differential diagnosis, plan, clinical reasoning, or patient's preferences. Does not include rationale for plan. Seeks limited help to fill gaps in knowledge, skill.	Documents a problem list, differential diagnosis, plan, and clinical reasoning. Interprets basic tests inconsistently. Seeks help to develop and document management plans. Solicits and records patient's preferences.	Documents a problem list, differential diagnosis, and plan. Interprets laboratory values accurately. Identifies key problems. Communicates bidirectionally to develop and record plan aligned with patient's preferences.	Not assessed
Entrustable Professional Activity (EPA) 6		1	2	3	4	N/A
Provide an oral presentation of a clinical encounter.	6.1 - Present personally gathered and verified information, acknowledging areas of uncertainty.	Fabricates information when unable to respond to questions. Reacts defensively when queried.	Gathers evidence incompletely or exhaustively. Fails to verify information. Does not obtain sensitive information.	Acknowledges gaps in knowledge, adjusts to feedback, and then obtains additional information.	Presents personally verified and accurate information, even when sensitive. Acknowledges gaps in knowledge, reflects on uncertainty, seeks information to clarify or refine presentation.	Not assessed
	6.2 - Provide an accurate, concise, well-organized oral presentation.	1	2	3	4	N/A
		Presents in a disorganized and incoherent fashion.	Delivers a presentation that is not concise or that wanders. Presents a story that is imprecise because of omitted or extraneous information.	Delivers a presentation organized around the chief concern. When asked, can identify pertinent positives and negatives that support hypothesis. Supports management plans with limited information.	Filters, synthesizes, and prioritizes information into a concise and well-organized presentation. Integrates pertinent positives and negatives to support hypothesis. Provides sound arguments to support the plan.	Not assessed
	6.3 - Adjust the oral presentation to meet the needs of the receiver.	1	2	3	4	N/A
		Presents information in a manner that frightens family.	Follows a template. Uses acronyms and medical jargon. Projects too much or too little confidence.	When prompted, can adjust presentation in length and complexity to match situation and receiver of information.	Tailors length and complexity of presentation to situation and receiver of information. Conveys appropriate self-assurance to put patient and family at ease.	Not assessed
	6.4 - Demonstrate respect for patient's privacy and autonomy.	1	2	3	4	N/A
		Disregards patient's privacy and autonomy.	Lacks situational awareness when presenting sensitive patient information. Does not engage patients and families in discussions of care.	Incorporates patient's preferences and privacy needs.	Respects patients' privacy and confidentiality by demonstrating situational awareness when discussing patients. Engages in shared decision making by actively soliciting patient's preferences.	Not assessed

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Entrustable Professional Activity (EPA) 7		1	2	3	4	N/A
Form clinical questions and retrieve evidence to advance patient care.	7.1 - Combine curiosity, objectivity, and scientific reasoning to develop a well-formed, focused, pertinent clinical question (ASK).	Does not reconsider approach to a problem, ask for help, or seek new information.	With prompting, translates information needs into clinical questions.	Seeks assistance to translate information needs into well-formed clinical questions.	Identifies limitations and gaps in personal knowledge. Develops knowledge guided by well-formed clinical questions.	Not assessed
	7.2 - Demonstrate awareness and skill in using information technology to access accurate and reliable medical information (ACQUIRE).	1	2	3	4	N/A
		Declines to use new information technologies.	Uses vague or inappropriate search strategies, leading to an unmanageable volume of information.	Employs different search engines and refines search strategies to improve efficiency of evidence retrieval.	Identifies and uses available databases, search engines, and refined search strategies to acquire relevant information.	Not assessed
	7.3 - Demonstrate skill in appraising sources, content, and applicability of evidence (APPRAISE).	1	2		4	N/A
		Refuses to consider gaps and limitations in the literature or apply published evidence to specific patient care.	Accepts findings from clinical studies without critical appraisal. With assistance, applies evidence to common medical conditions.	Judges evidence quality from clinical studies. Applies published evidence to common medical conditions.	Uses levels of evidence to appraise literature and determines applicability of evidence. Seeks guidance in understanding subtleties of evidence.	Not assessed
	7.4 - Apply findings to individuals and/or patient panels; communicate findings to the patient and team, reflecting on process and outcomes (ADVISE).	1	2	3	4	N/A
		Does not discuss findings with team. Does not determine or discuss outcomes and/or process, even with prompting. Rejects or ignores principles of health equity in applying findings to diverse patient panels.	Communicates with rigid recitation of findings, using medical jargon or displaying personal biases. Shows limited ability to connect outcomes to the process by which questions were identified and answered and findings were applied. is beginning to acknowledge principles of health equity in applying findings to diverse patient panels.	Applies findings based on audience needs, acknowledging principles of health equity. Acknowledges ambiguity of findings and manages personal bias. Connects outcomes to process by which questions were identified and answered.	Applies nuanced findings by communicating the evidence with appropriate citation. Consistently addresses principles of health equity when applying findings to diverse patient panels. Reflects on ambiguity, outcomes, and the process by which questions were answered and findings applied.	Not assessed
Entrustable Professional Activity (EPA) 8		1	2	3	4	N/A
Give or receive a patient handover to transition care responsibility.	8.1 - Document and update an electronic handover tool and apply this to deliver a structured verbal handover (transmitter).	Inconsistently uses standardized format or uses alternative tool. Provides information that is incomplete and/or includes multiple errors in patient information.	Uses but inconsistently updates electronic handover tool. Requires clarification from others to prioritize information. Provides patient information that is disorganized, too detailed, and/or too brief.	Consistently updates electronic handover tool with mostly relevant information, applying a standardized template. Adjusts patient information for context and audience. May omit relevant information or present irrelevant information.	Consistently updates electronic handover tool with clear, relevant, and succinct documentation. Adapts and applies all elements of a standardized template. Presents a verbal handover that is prioritized, relevant, and succinct.	Not assessed
	8.2 - Conduct handover using communication strategies known to minimize threats to transition of care (transmitter).	1	2	3	4	N/A
		Is frequently distracted. Carries out handover with inappropriate timing and context.	Requires assistance to minimize interruptions and distractions. Demonstrates minimal situational awareness.	Requires assistance with time management. Focuses on own handover tasks with some awareness of other's needs.	Avoids interruptions and distractions. Manages time effectively. Demonstrates situational awareness.	Not assessed

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Entrustable Professional Activity (EPA) 8		1	2	3	4	N/A
Give or receive a patient handover to transition care responsibility.	8.3 - Provide succinct verbal communication conveying illness severity, situational awareness, action planning, and contingency planning (transmitter).	Communication lacks all key components of standardized handover.	Inconsistently communicates key components of the standardized tool. Does not provide action plan and contingency plan.	Identifies illness severity. Provides incomplete action list and contingency planning. Creates a contingency plan that lacks clarity.	Highlights illness severity accurately. Provides complete action plans and appropriate contingency plans.	Not assessed
	8.4 - Give or elicit feedback about handover communication and ensure closed-loop communication (transmitter and receiver).	1	2	3	4	N/A
		Withholds or is defensive with feedback. Displays lack of insight on the role of feedback. Does not summarize (or repeat) key points for effective closed-loop communication.	Delivers incomplete feedback; accepts feedback when given. Does not encourage other team members to express their ideas or opinions. Inconsistently uses summary statements and/or asks clarifying questions.	Accepts feedback and adjusts. Summary statements are too elaborate. Inconsistently uses repeat-back technique.	Provides and solicits feedback regularly, listens actively, and engages in reflection. Identifies areas of improvement. Asks mutually clarifying questions, provides succinct summaries, and uses repeat-back techniques.	Not assessed
	8.5 - Demonstrate respect for patient's privacy and confidentiality (transmitter and receiver).	1	2	3	4	N/A
		Is unaware of HIPAA policies. Breaches patient confidentiality and privacy.	Is aware of HIPAA policies.	Is cognizant of and attempts to minimize breaches in privacy and confidentiality	Consistently considers patient privacy and confidentiality. Highlights and respects patient's preferences.	Not assessed
Entrustable Professional Activity (EPA) 9		1	2	3	4	N/A
Collaborate as a member of an inter-professional team.	9.1 - Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery.	Does not acknowledge other members of the interdisciplinary team as important. Displays little initiative to interact with team members.	Identifies roles of other team members but does not know how or when to use them. Acts independently of input from team members, patients, and families.	Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice.	Effectively partners as an integrated member of the team. Articulates the contributions of other health care professionals. Actively engages with the patient and other team members to coordinate care and seamless care transition.	Not assessed
	9.2 - Include team members, listen attentively, and adjust communication content and style to align with team-member needs.	1	2	3	4	N/A
		Dismisses input from professionals other than physicians.	Communication is largely unidirectional, in response to prompts, or template driven. Has limited participation in team discussion.	Listens actively and elicits ideas and opinions from other team members.	Communicates bidirectionally; keeps team members informed and up to date. Tailors communication strategy to the situation.	Not assessed
	9.3 - Establish and maintain a climate of mutual respect, dignity, integrity, and trust. Prioritize team needs over personal needs to optimize delivery of care. Help team members in need.	1	2	3	4	N/A
		Has disrespectful interactions or does not tell the truth. Is unable to modify behavior. Puts others in position of reminding, enforcing, and resolving interprofessional conflicts. Offends team members from other societal groups.	Is typically a more passive member of the team. Prioritizes own goals over those of the team. Does not communicate bidirectionally with colleagues of diverse backgrounds.	Integrates into team function, prioritizing team goals. Demonstrates respectful interactions and tells the truth. Makes an effort to communicate bidirectionally with colleagues of diverse backgrounds. Remains professional and anticipates and manages emotional triggers.	Supports other team members and communicates their value to the patient and family. Effectively partners as an integrated member of the team. Consistently conducts empathic and effective conversations with colleagues of diverse backgrounds. Anticipates, reads, and reacts to emotions to gain and maintain therapeutic alliances with others. Prioritizes team's needs over personal needs.	Not assessed

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Entrustable Professional Activity (EPA) 10		1	2	3	4	N/A
Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	10.1 - Recognize normal and abnormal vital signs as they relate to patient- and disease-specific factors as potential etiologies of a patient's decompensation.	Fails to recognize trends or variations of vital signs in a decompensating patient.	Demonstrates limited ability to gather, filter, prioritize, and connect pieces of information to form a patient-specific differential diagnosis in an urgent or emergent setting.	Recognizes outliers or unexpected results or data and seeks out an explanation.	Recognizes variations of patient's vital signs based on patient- and disease-specific factors. Gathers, filters, and prioritizes information related to a patient's decompensation in an urgent or emergent setting.	Not assessed
	10.2 - Recognize severity of a patient's illness and indications for escalating care and initiate interventions and management.	1	2	3	4	N/A
		Does not recognize change in patient's clinical status or seek help when a patient requires urgent or emergent care.	Misses abnormalities in patient's clinical status or does not anticipate next steps. May be distracted by multiple problems or have difficulty prioritizing. Accepts help.	Recognizes concerning clinical symptoms or unexpected results or data. Asks for help.	Responds to early clinical deterioration and seeks timely help. Prioritizes patients who need immediate care and initiates critical interventions.	Not assessed
	10.3 - Initiate and participate in a code response and apply basic and advanced life support.	1	2	3	4	N/A
		Responds to a decompensated patient in a manner that detracts from or harms team's ability to intervene.	Requires prompting to perform basic procedural or life support skills correctly. Does not engage with other team members.	Demonstrates appropriate airway and basic life support (BLS) skills. Initiates basic management plans. Seeks input or guidance from other members of the health care team.	Initiates and applies effective BLS and ACLS skills. Monitors response to initial interventions and adjusts plan accordingly. Adheres to institutional protocols for escalation of care. Uses the health care team members efficiently.	Not assessed
	10.4 - Upon recognition of a patient's deterioration, communicate situation, clarify patient's goals of care, and update family members.	1	2	3	4	N/A
		Dismisses concerns of team members (nurses, family members, etc.) about patient deterioration. Disregards patient's goals of care or code status. Fails to communicate bidirectionally with members of other constituent societal groups.	Communicates in a unidirectional manner with family and health care team. Provides superfluous or incomplete information to health care team members. Does not consider patient's wishes if they differ from those of the provider.	Tailors communication and message to the audience, purpose, and context in most situations, including with members of other constituent societal groups. Actively listens and encourages idea sharing from the team (including patient and family). Confirms goals of care.	Communicates bidirectionally with team and family members from all constituent societal groups about goals and plan, keeping them up to date. Elicits feedback from team and family regarding concerns about patient deterioration to determine next steps.	Not assessed
Entrustable Professional Activity (EPA) 11		1	2	3	4	N/A
Obtain informed consent for tests and/or procedures.	11.1 - Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives, and potential complications of the intervention.	Lacks basic knowledge of the intervention. Provides inaccurate or misleading information. Hands the patient a form and requests a signature.	Is complacent with informed consent due to limited understanding of importance of informed consent. Allows personal biases with intervention to influence consent process. Obtains informed consent only on the directive of others.	Lacks specifics when providing key elements of informed consent. Lacks specifics or requires prompting.	Understands and explains the key elements of informed consent. Provides complete and accurate information. Recognizes when informed consent is needed and describes it as a matter of good practice rather than as an externally imposed sanction.	Not assessed
	11.2 - Communicate with the patient and family to ensure that they understand the intervention.	1	2	3	4	N/A
		Uses language that frightens patient and family. Disregards emotional cues. Regards interpreters as unhelpful or inefficient. When obtaining informed consent, does not communicate bidirectionally with members of other constituent societal groups.	Uses medical jargon. Uses unidirectional communication; does not elicit patient's preferences. Has difficulty in attending to emotional cues. Is starting to communicate bidirectionally with members of other constituent societal groups. Does not consider the use of an interpreter when needed.	Notices use of jargon and self-corrects. Elicits patient's preferences by asking questions. Recognizes emotional cues. When obtaining informed consent, usually communicates bidirectionally with members of other constituent societal groups. Enlists interpreters when needed.	Avoids medical jargon. Uses bidirectional communication to build rapport. Practices shared decision making, eliciting patient and family preferences. Responds to emotional cues in real time. Enlists interpreters collaboratively.	Not assessed
	11.3 - Display an appropriate balance of confidence and skill to put the patient and family at ease, seeking help when needed.	1	2	3	4	N/A
		Displays overconfidence and takes actions that can have a negative effect on outcomes.	Displays a lack of confidence that increases patient stress or discomfort, or overconfidence that erodes trust. Asks questions. Accepts help.	Has difficulty articulating personal limitations such that patient and family will need reassurance from a senior colleague. Asks for help.	Demonstrates confidence commensurate with knowledge and skill so that patient and family are at ease. Seeks timely help.	Not assessed

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Entrustable Professional Activity (EPA) 12		1	2	3	4	N/A
Perform general procedures of a physician.	12.1 - Demonstrate technical skills required for the procedure.	Lacks required technical skills. Fails to follow sterile technique when indicated.	Technical skills are variably applied. Completes the procedure unreliably. Uses universal precautions and aseptic technique inconsistently.	Approaches procedures as mechanical tasks to be performed and often initiated at the request of others. Struggles to adapt approach when indicated.	Demonstrates necessary preparation for performance of procedures. Correctly performs procedure on multiple occasions over time Uses universal precautions and aseptic technique consistently.	Not assessed
	12.2 - Understand and explain the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure.	1	2	3	4	N/A
		Displays lack of awareness of knowledge gaps.	Does not understand key issues in performing procedures, such as indications, contraindications, risks, benefits, and alternatives. Demonstrates limited knowledge of procedural complications or how to minimize them.	Describes most of these key issues in performing procedures: indications, contraindications, risks, benefits, and alternatives. Demonstrates knowledge of common procedural complications but struggles to mitigate them.	Demonstrates and applies working knowledge of essential anatomy, physiology, indications, contraindications, risks, benefits, and alternatives for each procedure. Knows and takes steps to mitigate complications of procedures.	Not assessed
	12.3 - Communicate with the patient and family to ensure they understand pre- and post-procedural activities.	1	2	3	4	N/A
		Uses inaccurate language or presents information distorted by personal biases. Does not communicate bidirectionally about pre- and post-procedural activities with members of other constituent societal groups. Disregards patient's and family's wishes. Fails to obtain appropriate consent before performing a procedure.	Uses jargon or other ineffective communication techniques. Is starting to communicate bidirectionally about pre- and post-procedural activities with members of other constituent societal groups. Does not read emotional response from the patient. Does not engage patient in shared decision making.	Conversations are respectful and generally free of jargon and elicit patient's and family's wishes. Usually communicates bidirectionally about pre- and post-procedural activities with members of other constituent societal groups. When focused on the task during the procedure, may struggle to read emotional response from the patient.	Demonstrates patient-centered skills while performing procedures (avoids jargon, participates in shared decision making, considers patient's emotional response). Consistently communicates bidirectionally about pre- and post-procedural activities with members of other constituent societal groups. Having accounted for the patient's and family's wishes, obtains appropriate informed consent.	Not assessed
	12.4 - Demonstrate confidence that puts patients and families at ease.	1	2	3	4	N/A
		Displays overconfidence and takes actions that could endanger patients or providers.	Displays a lack of confidence that increases patient's stress or discomfort, or overconfidence that erodes patient's trust if the learner struggles to perform the procedure. Accepts help when offered.	Asks for help with complications.	Seeks timely help. Has confidence commensurate with level of knowledge and skill that puts patients and families at ease.	Not assessed
Entrustable Professional Activity (EPA) 13		1	2	3	4	N/A
Identify system failures and contribute to a culture of safety and improvement.	13.1 - Identify and report actual and potential ("near miss") errors in care using system reporting structure (e.g., event reporting systems, chain of command policies).	Reports errors in a disrespectful or misleading manner.	Superficial understanding prevents recognition of real or potential errors.	Identifies and reports actual and potential errors. Demonstrates structured approach to describing key elements of patient safety concerns.	Identifies and reports patient safety concerns in a timely manner using existing system reporting structures (e.g., event reporting systems, chain of command policies). Speaks up to identify actual and potential errors, even against hierarchy.	Not assessed
	13.2 - Participate in system improvement activities in the context of rotations or learning experiences.	1	2	3	4	N/A
		Displays frustration at system improvement efforts.	Passively observes system improvement activities in the context of rotations or learning experiences.	Participates in system improvement activities when prompted but may require others to point out system failures.	Actively engages in efforts to identify systems issues and their solutions.	Not assessed

Please circle the corresponding number that best reflects student's performance.		**Behaviors requiring corrective response** (Please provide constructive narrative comments to assist with remediation.)	**Early developing behaviors** (typical for a student early in the MS3 year)	**Later developing behaviors** (typical for a student later in the MS3 year)	**Expected behaviors for an entrustable learner** (skill level = ready for residency). Please explain in narrative comments.	
Entrustable Professional Activity (EPA) 13		1	2	3	4	N/A
Identify system failures and contribute to a culture of safety and improvement.	13.3 - Engage in daily safety habits (e.g., accurate and complete documentation including allergies + adverse reactions, medicine reconciliation, patient education, universal precautions, hand washing, isolation protocols, falls and other risk assessments, standard prophylaxis, time-outs).	Places self or others at risk of injury or adverse event.	Requires prompts for common safety behaviors.	Demonstrates common safety behaviors.	Engages in daily safety habits with only rare lapses.	Not assessed
	13.4 - Admit one's own errors, reflect on one's contribution, and develop an individual improvement plan.	1	2	3	4	N/A
		Avoids discussing or reporting errors; attempts to cover up errors. Demonstrates defensiveness or places blame.	Requires prompts to reflect on own errors and their underlying factors. May not recognize own fatigue or may be afraid to tell supervisor when fatigued.	Identifies and reflects on own contribution to errors but needs help developing an improvement plan.	Identifies and reflects on the element of personal responsibility for errors. Recognizes causes of lapses, such as fatigue, and modifies behavior or seeks help.	Not assessed
Entrustable Professional Activity (EPA) 14		1	2	3	4	N/A
Demonstrate empathic, effective conversations and skills with patients, families and colleagues of diverse backgrounds to promote health equity, social justice and anti-racism.	14.1 - Communicate bidirectionally with members of all constituent societal groups so as to prioritize fair opportunities for every patient and family member to attain their full health potential (health equity).	Rejects or ignores principles of health equity. Shows disrespect for others by failing to listen to or to acknowledge divergent points of view. Does not correct own errors in saying other people's names accurately. Does not communicate bidirectionally with members of other constituent societal groups, and does not respond to feedback about this communication.	Has not yet defined key principles of health equity or developed a personal learning plan. Make some effort to show respect for others by listening to and acknowledging divergent points of view. When prompted, corrects own errors in saying other people's names accurately. Does not share information about own professional or personal background. Does not communicate bidirectionally yet but accepts feedback about intercultural communication skills.	Explains principles of health equity and develops a basic personal learning plan. Generally shows respect for others by listening to and acknowledging divergent points of view. Usually says other people's names accurately, but may not always correct own or others' errors. Is beginning to share appropriate information about own professional or personal background. Usually communicates bidirectionally with members of other constituent societal groups.	Explains key principles of health equity and develops a detailed personal learning plan. Consistently shows respect for others by listening to and acknowledging divergent points of view. Says other people's names accurately, promptly correcting own and others' errors. Skillfully shares appropriate information about own professional or personal background.	Not assessed
	14.2 - Serve and advocate for patients from all backgrounds by recognizing their common humanity as well as the unique intersectional differences that reflect the various societal groups to which they belong (social justice).	1	2	3	4	N/A
		Rejects or ignores principles of social justice, failing to serve or advocate for patients from all backgrounds. Does not identify or acknowledge health disparities among disenfranchised societal groups. Offends team members from other societal groups.	Does not consistently serve or advocate for patients from all backgrounds. Is beginning to identify health disparities among disenfranchised societal groups, but has not yet demonstrated analyzing root causes are developing plans to rectify the disparities.	Typically serves and advocates for patients from all backgrounds. Sometimes incorporates cultural strengths and culturally-based resources into conversations with patients and family members. Identifies health disparities among disenfranchised societal groups, analyzes basic root causes and begins to develop plans to rectify the disparities.	Proactively addresses cultural and socioeconomic issues with skill and sensitivity. Effectively incorporates cultural strengths and culturally-based resources into conversations with patients and family members. Independently identifies health disparities among disenfranchised societal groups, analyzes root causes and develops comprehensive plans to rectify the disparities.	Not assessed
	14.3 - Identify when and how racial factors affecting health care systems and patient management plans must be actively addressed for equitable health care outcomes (anti-racism).	1	2	3	4	N/A
		Rejects or ignores principles of anti-racism. Handles cultural differences insensitively. Fails to identify conscious or unconscious biases in self or others.	Is beginning to promote anti-racism and to define concepts of systemic racism and anti-racism in education and health care. Struggles with defining conscious and unconscious biases in self and others. Does not speak up to advocate for patients or colleagues, but when prompted, attempts to counteract systemic racism.	Often helps promote anti-racism. Provides a basic definition of concepts of systemic racism and anti-racism in education and health care. Identifies conscious and unconscious biases in others, but not always in self. Sometimes speaks up to advocate for patients or colleagues in order to counteract systemic racism.	Defines concepts of systemic racism and anti-racism in education and health care. Actively promotes anti-racism by identifying and addressing conscious and unconscious biases in self and others. Speaks up when appropriate to advocate for both patients and colleagues in order to counteract systemic racism and support equitable outcomes for all.	Not assessed

What have you been doing well so far during this clerkship?	How could you improve your performance during the rest of the clerkship?

Please complete this self-assessment form before your mid-clerkship formative feedback meeting so that you can review it with your faculty mentor during the meeting. Thank you!