



Faculty Evaluation of Student

Student: _____ Dates: _____ to _____

Preceptor (First Last, Degree): _____

Preceptor Email: _____

Rotation Name, Institution, and City: _____

PLEASE FAX COMPLETED FORM TO 509-249-7990 or SCAN and email to rotations@pnwu.edu

To complete this evaluation online, please email rotations@pnwu.edu to be set up to submit evaluations directly in eValue.

Table with 2 columns and 2 rows. Row 1: Summative Comments: Overall performance during rotation - Comments for use in the Dean's MSPE/sent to residency programs. (See page 3 for sample language). Row 2: Formative Comments: Areas for improvement and growth - Not for use in the Dean's MSPE - if there is a pattern across clerkships, the pattern may be addressed by the Dean in the MSPE but will not include specific evaluator comments.

Instructions for completing the following section: Please rate the level of competence for the named student for the listed Entrustable Professional Activities (EPAs). Students should be rated relative to other students in the same training year. The target for medical student training is to attain a competency level 3 or "meets expectations" for general activities.

If the student receives a Exceeds Expectations for any activity, the evaluator must provide additional explanation in the Summative Comments section. If the student receives a Significant Deficits for any activity, the evaluator must provide additional explanation in the Formative Comments section.

The RIME model provides a basic framework for assessing the learner by describing the stages of performance according to general activities undertaken by learners at specific levels.

- Reporter: usually understands the "what" and can report back the situation and context, applies to early medical students (approximately MS 3)
Interpreter: usually understands the "why" and can develop ideas and plans about the condition and the patient, applies to later medical students (approximately MS 4)
Manager: understands the "how" of addressing a problem and can initiate treatment strategies, applies to early residents (approximately intern level)
Educator: implies an expert knowledge, and commitment to education of both self and the team, applies to more senior residents

Activities	N/A	Significant Deficits	Needs Improvement	Meets Expectations	Exceeds Expectations
Performs a thorough patient-centered medical history and physical examination to develop a clinically-sound differential diagnosis and recommend appropriate treatment plans, including osteopathic considerations where appropriate. (EPA 1, 2, 3, 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilizes evidence-based resources to develop an appropriate differential diagnosis, recommend screening tests and treatment plans, including osteopathic considerations where appropriate. (EPA 3, 5, 7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies patients requiring urgent or emergent care and initiates appropriate evaluation and management. (EPA 10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately consents patients for tests/procedures, to include discussion of risks, benefits and alternatives. (EPA 11, 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays competency when performing procedures, to include osteopathic manipulative therapy where appropriate. (EPA 12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-aware and acknowledges self-limitations, acting in a manner that solicits appropriate oversight to ensure patient safety. (EPA 11, 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism: Arrives to duties on-time, dressed appropriately and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents clinical encounters and completes orders and prescriptions in an accurate and timely manner utilizing appropriate preceptor oversight. (EPA 4, 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotes the transition of care utilizing a collaborative team-based approach. (EPA 8, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively and respectfully with preceptors, patients and the greater medical team. (EPA 6, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my opinion, the student successfully completed the expectations for this rotation as outlined in the syllabus:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

My signature is my symbol and intent of authentication where I willingly signed, understood, and adopted this document:

EPA Frequently Asked Questions

What are the EPAs and how do they relate to undergraduate medical education? The 13 Entrustable Professional Activities (EPAs) for Entering Residency were first developed by the American Association of Medical Colleges (AAMC) in 2014 and further extended in the same year by the American Association of Colleges of Osteopathic Medicine (AACOM) to include osteopathic considerations and perspectives. The EPAs are a list of clinical activities that all medical school graduates should be able to perform independently upon entering residency, describing observable, measurable units of work that integrate multiple competencies.

Why did PNWU transition to this format for post-rotation evaluations? The previously utilized competency-based post-rotation evaluation tool was recognized to be cumbersome to complete, vague in its assessments of strengths and weaknesses, and did not provide enough objective information for students to develop actionable areas for targeted improvements. Goals for changing the evaluation process from competency-based to EPA-based included: Improving students' performance and better prepare them for residency; Delivering objective information about performance to students and potential residency directors; Making the evaluation easier for preceptors to complete.

Professionalism: suggested comments and helpful words

PRO Statement Examples: Team-builder, Mindful, Teachable, Adaptable, Prompt

CON Statement Examples: Misrepresents, Defensive, Inappropriate, Disrespectful, Unaware

Some selected PRO statements to consider:

- Demonstrates honesty, integrity, empathy and respect to patients and team members
- Presents self in respectful manner
- Recognizes conflicting personal and professional values exist and working to harmonize physician well-being with patient care
- Maintains work-life integration through principles of physician wellness
- Self-regulates in stressful situations
- Engages in self-initiated pursuit of excellence
- Accepts and gives constructive feedback
- Completes all clinical and administrative tasks in timely manner
- Identifies and engages in conflict and its resolution while involving appropriate parties
- Displays attitudes of acceptance of diverse individuals
- Incorporates patient's culture, values and beliefs into patient care plans
- Protects patient confidentiality
- Contributes to an atmosphere conducive to learning
- Dresses in an appropriate fashion
- Resolves conflicts in a manner that respects the dignity of every person involved
- Uses professional language and is mindful of the environment
- Respects diversity

Some selected CON statements to consider:

- Unmet Professional Responsibility: unable to adequately perform the essential tasks of a medical student in a timely fashion or without repeated reminders; cannot communicate effectively; cannot be relied upon to be present and prepared for work
- Lack of effort towards self-improvement and adaptability: defensive to criticism; resistant to changes based on feedback; unable to assume accountability for errors; arrogant
- Diminished relationships: inappropriate behavior with staff; patients, colleagues, families, lacking empathy or unable to establish appropriate rapport; difficulty functioning within a healthcare team