



**Clerkship – Clinical Competency Assessment**

Name:		
Student ID:		
Course:		
Start:		End:
Grade:		Credit:
Coord:		

Inpatient     
  Outpatient     
  Both In & Outpatient     
  Research     
  Other

Student demonstrated appropriate ability for their **CURRENT LEVEL** of training (noted above), select **Y=Yes, N=No or N/O=Not Observed**:

<b>Professionalism – Demonstrates</b>	<b>Yes</b>	<b>No</b>	<b>N/O</b>	<b>Interpersonal and Communication Skills</b>	<b>Yes</b>	<b>No</b>
1. Compassion, integrity and respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Demonstrates effective, respectful interactions with:	<input type="checkbox"/>	<input type="checkbox"/>
2. Responsiveness to patient needs, supersedes self-interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Faculty	<input type="checkbox"/>	<input type="checkbox"/>
3. Respect for patient privacy and autonomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Patient	<input type="checkbox"/>	<input type="checkbox"/>
4. Accountability to patients, society and the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Family	<input type="checkbox"/>	<input type="checkbox"/>
5. Sensitivity and responsiveness to a diverse patient population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Staff	<input type="checkbox"/>	<input type="checkbox"/>
6. A commitment to ethical principles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Maintains comprehensive, timely medical records	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient Care – appropriate ability for CURRENT LEVEL</b>	<b>Yes</b>	<b>No</b>	<b>N/O</b>	3. Conveys sensitivity, honesty and compassion	<input type="checkbox"/>	<input type="checkbox"/>
1. Obtains accurate history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Systems Based Practice – in caring for patients</b>	<b>Yes</b>	<b>No</b>
2. Performs accurate physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Advocates for quality	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate use and interpretation of:	<b>Yes</b>	<b>No</b>	<b>N/O</b>	2. Recognizes cost implications	<input type="checkbox"/>	<input type="checkbox"/>
a. Laboratory data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Considers "risk-benefit" awareness in decisions	<input type="checkbox"/>	<input type="checkbox"/>
b. Imaging and other tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Practice Based Learning</b>	<b>Yes</b>	<b>No</b>
4. Develops reasonable differential diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Recognizes personal strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>
5. Develops reasonable treatment plan formulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Demonstrates self-directed learning	<input type="checkbox"/>	<input type="checkbox"/>
6. Applies osteopathic principles to treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Has appropriate response to feedback	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates technical and procedural technique ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Utilizes information technology to optimize learning	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about this student becoming a physician?	<input type="checkbox"/> Y	<input type="checkbox"/> N		⇒⇒⇒⇒ If yes, would you like to be contacted?	<input type="checkbox"/> Y	<input type="checkbox"/> N

**COMMENTS / ACCOLADES** ⇒ ⇒ Comments ARE USED in the MSPE (Dean's Letter):

Mark word(s) **best describing** the student:

**OVERALL STUDENT PROGRESS**

<input type="checkbox"/> Below Expectations
<input type="checkbox"/> Meets Expectations
<input type="checkbox"/> Exceeds Expectations
<input type="checkbox"/> High Pass <input type="checkbox"/> Honors

- Ambitious
- Attentive
- Capable
- Coachable
- Confident
- Composed
- Cooperative
- Conscientious
- Considerate
- Decisive
- Dependable
- Determined
- Empathetic
- Engaged
- Enthusiastic
- Follows Through
- Hard Worker
- Humble
- Leader
- Logical
- Mature
- Reliable
- Resourceful
- Responsible
- Self-assured
- Team-player
- Takes Initiative
- Trustworthy
- Understanding
- Well-read

**SUGGESTIONS FOR IMPROVEMENT** ⇒ ⇒ Comments MAY NOT BE USED in the MSPE:

**\*\*SUPERVISING PHYSICIAN SHALL BE CERTIFIED OR BOARD ELIGIBLE IN THE SPECIALTY IN WHICH HE/SHE PRACTICES**

Mailing Address: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Preferred E-mail: \_\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_  AOA# /  AMA#: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Office Contact E-mail: \_\_\_\_\_

**\*\*ARE YOU AN INTERN, RESIDENT OR FELLOW?**  YES  NO (If yes, see below)      **ARE YOU AN ALUMNUS OF KCU-COM?**  YES  NO

\_\_\_\_\_  
**ATTENDING FIRST AND LAST NAME (Please Print Clearly)**      **DATE EVAL COMPLETED**      **PRIMARY STATE LICENSED**

\_\_\_\_\_  
**\*\*SIGNATURE OF ATTENDING PHYSICIAN (Required)**      **\*\*BOARD CERTIFIED / ELIGIBLE SPECIALTY (Required)**

\_\_\_\_\_  
**SIGNATURE OF DME / KCU REG ASST DEAN (Optional)**      **RETURN WITHIN [1] WEEK TO CORE SITE OR [1] OF THE FOLLOWING:**