

NEUROLOGY CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
1. <u>Patient Care</u> - Students will demonstrate empathy and diligence in gathering historical and physical examination information regarding their patients' problems specifically as these relate to neurological disorders. Students will learn to elicit and communicate these findings effectively to staff members to facilitate their patients' care. Students will actively participate in discussions regarding diagnosis, and treatment of their patients' problems and monitor their progress. Students will learn to be advocates for their patients with healthcare providers.	X					
2. <u>Medical Knowledge</u> - Students will advance their knowledge of neurologic disease states throughout the clerkship and learn to apply that knowledge to patient care situations. They will correlate their knowledge of basic neurosciences (neurochemistry, neuropathology, neurophysiology, neuropsychology, neuropharmacology, epidemiology) with clinical neurology to enhance their understanding of the nervous system disorders they encounter in the clinical setting and in their reading thereby enhancing their ability to render excellent patient care.		X				
3. <u>Practice-based Learning and Improvement</u> - Students will participate in teaching rounds, didactic teaching sessions, problem-based learning sessions, and dedicated study time to enhance their knowledge and understanding of neurologic diseases and their treatment. They will present to their fellow students and staff their finding based on their review of current literature on a regular basis. Students will be monitored closely and given feedback by staff to encourage the development of their clinical and patient care skills.			X			
4. <u>Interpersonal and Communication Skills</u> - Students will develop effective communication skill with their colleagues, attending staff, residents, nurses and other health care professionals. They will learn respectful treatment of patients and their families to enhance their ability to gather accurate information and to collaborate with patients and health care providers for optimal outcomes. Students will be active members of the treatment team.				X		
5. <u>Professionalism</u> - Students will behave in a dependable, selfless, honest, respectful and compassionate manner to colleagues, staff, patients and families. They will be sensitive and respectful to the diverse population they encounter in all clinical and learning settings.					X	
6. <u>Systems-based Practice</u> - Students will learn to provide cost-effective and efficient neurological care to optimize outcomes across a variety of settings. They will work collaboratively with a variety of health care professionals to achieve this.						X

\* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

## NEUROLOGY

Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
<b>Acute Neurologic, Seizures, AMS:</b> <b><i>Examples:</i></b> seizure, meningitis, encephalitis, coma, cerebral hemorrhage, stroke, headache, CNS trauma, GBS, multiple sclerosis exacerbation, migraine, myelopathy, optic neuritis, pseudoseizure, delirium	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Assist
<b>Stroke, stroke-like:</b> <b><i>Examples:</i></b> stroke, TIA, cerebral hemorrhage, hemiplegic migraine, PRES	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Emergency	Assist
<b>Chronic neurologic:</b> <b><i>Examples:</i></b> Alzheimer's disease, chronic neuropathy, chronic back pain, Parkinson's disease, CJD, ALS, PSP, MSA, Huntington's disease, coma, brain tumors, multiple sclerosis, epilepsy, myasthenia gravis, muscle disease, dystonia, dementia, RLS, essential tremor, cerebral palsy, ataxia, post-traumatic CNS injury	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Chronic pain:</b> <b><i>Examples:</i></b> radiculopathy, backache, chronic migraine, post-traumatic headache, neuropathic pain, trigeminal neuralgia, brain tumors, pseudotumor cerebri, RLS, chronic neck pain, cervical dystonia	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary

# Evaluation Form

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## Student Clerkship Form

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

**Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives**

1. Overall grade: Based on your observation and experience should this student receive a passing grade?\*

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Application of Basic Science Fund of Knowledge to Clinical Setting\*

Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Interviewing Skills\*

Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Your assessment of this student's interviewing skills are based on:\*

Direct observation and presentations	Presentations alone
<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**PROFESSIONAL ATTRIBUTES**

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Honors**

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

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20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?\*

- No
- Yes

Comments:

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21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): \*

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22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):

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