



Evaluation Report

Evaluatee: Jadaan, Firas



Evaluation: Part 3: AMHBC: Mini-I: Clinical Performance Assessment
Master Schedule: 2019-2020 LSI Part 3
Curricular Unit: Advanced Management in Hospital Based Care
Curricular Component: Advanced Management in Hospital Based Care - Mini-Internship
Teaching & Learning Method: (CE) AMHBC Advanced Adult Clinical Psychiatry Mini-Internship
Number of Evaluators: 2

I have not provided professional treatment for this student for psychiatric, psychological, or sensitive health issues, NOR have I been made aware of such issues through any professional treatment relationship.

RESPONSES

Patient Care (CEO 1.2.1): OBTAINED ACCURATE AND PERTINENT HISTORIES (initial and/or interval follow-up). (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1))

RESPONSE OPTIONS	Count
Did not accurately elicit essential information.	0
Elicited some essential information accurately, yet did not fully characterize problems.	0
Elicited complete histories and characterized major problems.	0
Elicited complete histories, sought appropriate data from multiple sources, and characterized all problems.	1
Elicited complete histories, using all sources of data, characterizing all problems in depth.	1
Unable to assess.	0

Patient Care (CEO 1.2.2): DEMONSTRATED PHYSICAL EXAM SKILLS AND IDENTIFIED EXAM FINDINGS. (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1))

RESPONSE OPTIONS	Count
Performed basic physical exam skills but lacked appropriate thoroughness.	0
Performed basic, appropriately thorough physical exam skills, yet missed major findings.	0
Performed accurate, appropriately thorough physical exams, and identified major findings.	2
Performed accurate, appropriately thorough physical exams, and identified major as well as subtle findings	0
Unable to assess.	0



Patient Care (CEO 1.2.4): INTERPRETED CLINICAL SITUATIONS AND DIAGNOSTIC TESTS. (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1))

RESPONSE OPTIONS	Count
Relied on the team to interpret.	0
Offered some accurate interpretations for common tests and situations.	0
Offered many accurate interpretations, including urgent situations.	0
Offered consistently accurate interpretations, including urgent and complex situations, anticipating potential complications	2
Unable to assess.	0

Patient Care (CEO 1.2.4): ASSESSED NEW PATIENT PROBLEMS AND DEVELOPED MANAGEMENT PLANS. (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1)) (Patient Care (CEO 1))

RESPONSE OPTIONS	Count
Incomplete or incorrect differentials or plans.	0
Sufficient differentials, and basic plans, though, sometimes incomplete.	0
Prioritized differentials and complete plans.	1
Sophisticated differentials and customized and evolving plans.	1
Unable to assess.	0

Medical knowledge (CEO 2.1.2): APPLIED KNOWLEDGE TO UNDERSTAND PATIENT CARE. (Medical Knowledge and Skills (CEO 2)) (Medical Knowledge and Skills (CEO 2)) (Medical Knowledge and Skills (CEO 2))

RESPONSE OPTIONS	Count
Has insufficient knowledge to care for patients.	0
Sufficient knowledge, yet often had difficulty applying knowledge.	0
Readily applied knowledge to common conditions.	0
Readily applied knowledge to common and complex conditions.	1
Readily applied knowledge to common, complex, and even ambiguous conditions	1

Medical Knowledge (CEO 2.2): DEMONSTRATED USE OF PUBLISHED ARTICLES AND GUIDELINES IN PATIENT CARE. (Medical Knowledge and Skills (CEO 2)) (Medical Knowledge and Skills (CEO 2))

RESPONSE OPTIONS	Count
No evidence of use observed, despite opportunities for use.	0
Read when assigned, yet did not seek answers independently.	0
Sought and identified appropriate literature, occasionally incorporated evidence into patient care.	1
Readily sought and effectively incorporated new information to modify care	1

Communication (CEO 4.3): COMMUNICATED EFFECTIVELY WITH PATIENTS AND FAMILIES. (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4))

RESPONSE OPTIONS	Count
Did not communicate effectively in uncomplicated conversations (e.g. used jargon, did not explain clearly).	0
Communicated effectively in uncomplicated conversations, yet not consistently adapting to patients' needs.	0
Communicated effectively while demonstrating sensitivity to patients' views/background, yet needed some support for challenging situations.	0
Communicated effectively while demonstrating sensitivity to patients' views/background, even in challenging situations.	2
Unable to assess.	0



REPORTED AND INTERPRETED IN CASE PRESENTATIONS. (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4))

RESPONSE OPTIONS	Count
Presentations lacked essential data, and were not well organized.	0
Presentations reported essential data, but were not well organized.	0
Presentations accurately reported, and organized most important data; developed a problem list, working differential diagnosis, and basic management plan.	0
Presentations accurately reported, and organized data; developed appropriately prioritized problem list and thorough differential diagnosis and independent management plan.	1
Presentations were accurate, succinct, and organized, and provided a prioritized problem list, prioritized differential diagnoses, and independent plan that was accurate and well-reasoned.	1
Unable to assess.	0

Communication (CEO 4.5): DEMONSTRATED PROFICIENCY IN DOCUMENTING PATIENT ENCOUNTERS IN THE ELECTRONIC MEDICAL RECORD (EMR). (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4)) (Interpersonal Communication (CEO 4))

RESPONSE OPTIONS	Count
Electronic notes were incomplete, disorganized, inaccurate, or contained unnecessary extraneous information.	0
Electronic notes were generally complete and organized, yet contained some inaccurate, extraneous or unfocused data.	0
Electronic notes were consistently complete, accurate, organized, appropriately excluded extraneous data, and resulted in clear and focused documentation.	0
Electronic notes were consistently complete, organized, accurate, focused, and efficiently produced with proficient utilization of EMR tools.	1
Unable to assess.	1

Systems-Based Practice (CEO 5.2): FACILITATED A TEAM APPROACH TO COORDINATE CARE, ESPECIALLY AT CARE TRANSITIONS (e.g discharge or handover). (Systems-Based Practice (CEO 5)) (Systems-Based Practice (CEO 5))

RESPONSE OPTIONS	Count
Did not document or communicate care at team transitions, despite opportunities to do so.	0
Documented and communicated some care, though not always actively or effectively.	0
Documented and actively communicated with other services and team members (night teams, consultants, other health professionals, and other institutions).	0
Anticipated patient needs, documented, and actively communicated with other services or team members (night teams, consultants, other health professionals, and other institutions).	2

Systems-based Practice (CEO 5.2): USED HEALTHCARE RESOURCES EFFECTIVELY. (Systems-Based Practice (CEO 5)) (Systems-Based Practice (CEO 5))

RESPONSE OPTIONS	Count
Limited awareness of overall system efficiency and cost-effective medicine, as evidenced by over-ordering or failing to plan for use or follow up of test results.	0
Demonstrated appropriate and cost effective care when ordering tests, performing procedures, prescribing medications and planning patient disposition.	0
Demonstrated insightful and highly cost effective care, focusing the diagnostic approach, carefully weighing risk (cost) and benefits of treatments, advocating for individual patient needs within overall system, and in planning care and disposition	2
Not observed or insufficient observation.	0

Was reliable, dependable, and accountable for own actions (Professionalism (CEO 6)) (Professionalism (CEO 6)) (Professionalism (CEO 6))

RESPONSE OPTIONS	Count
Had unexplained absences, was unreliable, made no promise of duty	0



Fulfilled responsibility, accepted ownership of essential roles in care	0
Sought responsibility; accepted full personal ownership in education & patient care	2

Professionalism (CEO 6.3): DEMONSTRATED HONESTY AND ETHICAL BEHAVIOR IN DAILY ACTIVITIES. (Professionalism (CEO 6)) (Professionalism (CEO 6))

RESPONSE OPTIONS	Count
Not completely honest or ethical in daily activities.	0
Could be trusted to behave honestly and ethically in daily activities.	0
Could be trusted to behave honestly and ethically even in challenging situations	2

Demonstrated compassion, empathy, and sensitivity to patient needs (Professionalism (CEO 6)) (Professionalism (CEO 6)) (Professionalism (CEO 6))

RESPONSE OPTIONS	Count
Was not sensitive to patient needs, did not always demonstrate empathy when needed.	0
Demonstrated empathy and compassion, was sensitive to most patient needs.	0
Was compassionate & empathetic, even under duress; was sensitive to all patient needs.	2
Unable to assess.	0

Demonstrated utilization of feedback (Practice-Based Learning and Improvement 3.5) (Practice-Based Learning and Improvement 3.5)

RESPONSE OPTIONS	Count
Sometimes resistant to feedback and instruction	0
Consistently accepted feedback and instruction without resistance	0
At times sought and incorporated feedback to improve practice	0
Frequently sought and consistently incorporated feedback to improve practice	2

Positive Reinforcement: Name one (1) to two (2) things this individual did well and should continue to do.

RESPONSES
Great history taking and did well building rapport with some really challenging patients on the team. Succinct presentations that were always very well organized. I could definitely tell he put extra thought into possibly diagnoses, especially for patients that the diagnosis wasn't always clear.
very inquisitive bright student with compassion and interest in the severely mentally ill. excellent interviewing skills even with tougher patients

Identify 2-3 Next Steps, e.g. areas of improvement that this student should focus on next.

RESPONSES
Continue to communicate with other staff members (social work, nurses, etc) where appropriate. Continue to work on feeling confident in your plan for the patient; even if it's not right, it's okay to throw things out there. The nice thing about psychiatry is that there isn't always one right answer!
psychopharm