

Surgery forms to be completed and signed.

1: Observed History and Physical Examination

2: Mid Clerkship Formative Feedback

3: Mandatory Surgical Procedures

*** No grade will be given if these forms are not completed and signed.**

OBSERVED HISTORY AND PHYSICAL EXAMINATION

Columbia University College of Physicians & Surgeons

CPMC medical students give to Doris Leddy
Bassett & SLR give to your Preceptors

Student _____ Faculty/House
Officer _____

Clerkship _____ Site _____
Date _____

1) HISTORY TAKING

DESIRED OUTCOME COMPETENCY: Introduces oneself, efficient, well-focused, asks questions that are relevant to patient's complaint and that reveal students' understanding of differential diagnosis.



	Needs Improvement: Does not introduce oneself, inefficient, unfocused, does not ask questions relevant to patient's complaint.
	Satisfactory: Efficient, focused, asks questions relevant to patient's complaint.

Comments:

2) COMMUNICATION SKILLS

DESIRED OUTCOME COMPETENCY: Appears sensitive and compassionate, develops rapport with patient.



	Needs Improvement: Unable to speak to patient in a language that the patient understands, makes patient uncomfortable, makes inappropriate comments.
	Satisfactory: Puts patient at ease, uses language the patient understands.

Comments:

3) PHYSICAL EXAM

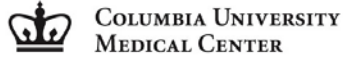
DESIRED OUTCOME COMPETENCY: Well directed exam, detects all relevant findings.

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	Needs Improvement: Cursory, not directed to patient's complaint, misses significant findings.
	Satisfactory: Careful, well focused exam, detects most findings.

Comments:

Modified from P&S Primary Care Clerkship Evaluation



MID CLERKSHIP FORMATIVE FEEDBACK
 Columbia University College of Physicians & Surgeons
CPMC Medical Students: Bassett & SLR give to your Preceptors
Please send to Doris Leddy/ Dr. El-Tamer by the third week of the Surgery rotation

Student _____ Faculty/House
 Officer _____

Clerkship _____ Site _____
 Date _____

Each student should receive explicit feedback midway through the clerkship. Please check the appropriate box and write in suggestions for strategies to permit improvement. The student and faculty member should both sign the form and the faculty should return the form to the clerkship director or preceptor.

For student: Do you know the goals and objectives of this clerkship and your role? Yes No

1. Medical Knowledge: Understanding of the scientific basis of medicine as it applies to the practice of medicine.

	Needs Improvement	Satisfactory
Overall Assessment		
Case Write-Up		

Comments:

2. Patient Care: Clinical skills and clinical reasoning/problem solving.

	Needs Improvement	Satisfactory
Histories and Physical Examinations		
Case Presentations		

	Reporter	Interpreter	Manager	Expert
Management Skills				

Comments:

3. Interpersonal and Communication skills: Effective information exchange and rapport with patients.

	Needs Improvement	Satisfactory
Communication with patient and family		
Communication with attending		
Communication with team members		

Comments:

4. Professionalism: Commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions.

	Needs Improvement	Satisfactory
Reliability and professional responsibility in the completion and fulfillment of tasks and duties		
Adaptability and openness to feedback, self-improvement, and self-directed learning		

Comments:

5. Practice-based Learning: Examination and evaluation of patient care practices, and appraisal and assimilation of scientific evidence to improve abilities.

	Needs Improvement	Satisfactory
Independent reading		
Accepting Feedback		
Presentation on a Topic		
Time Management Skills		

Comments:

6. Systems-based Practice: Knowledge of and responsiveness to the larger context of health care.

	Needs Improvement	Satisfactory
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Working effectively as member of health care team		
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Comments:

I acknowledge I have read the above:

Student Signature

Faculty Signature

Modified from Midpoint Pediatric Clerkship Feedback Template

“Mandatory Surgical Procedures to See During your Surgery Clerkship”

It is **mandatory** that you see **10** surgical procedures. Six (6) are already chosen for you, Please choose the other 4.

<u>Surgery</u>	<u>Attending</u>	<u>Date</u>	<u>Procedure</u>
1: Hernia - mandatory	_____	_____	_____
2: Breast - mandatory	_____	_____	_____
3: Colon - mandatory	_____	_____	_____
4: Appendix	_____	_____	_____
5: Thyroid – parathyroid – Man.	_____	_____	_____
6: Vascular - Mandatory	_____	_____	_____
7: Bariatrics	_____	_____	_____
8: Pancreas	_____	_____	_____
9: Pediatric	_____	_____	_____
10: Cardiothoracic	_____	_____	_____
11: Gallbladder - Mandatory	_____	_____	_____
12: Transplantation	_____	_____	_____
13: Endoscopy	_____	_____	_____
14: Kidney	_____	_____	_____
15: Trauma	_____	_____	_____
16: Lung	_____	_____	_____
17: Plastic	_____	_____	_____

Student Name: _____

Rotation site: _____

Date: _____

- CPMC, please return to Doris Leddy
- Bassett- Leann, Rachel - Stamford & SLR- Meghan