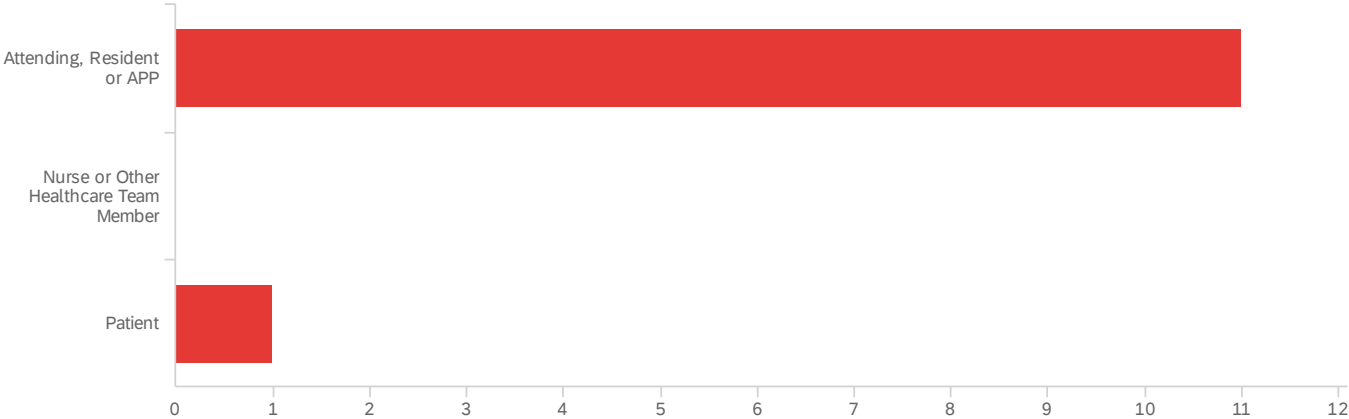


# Student Report

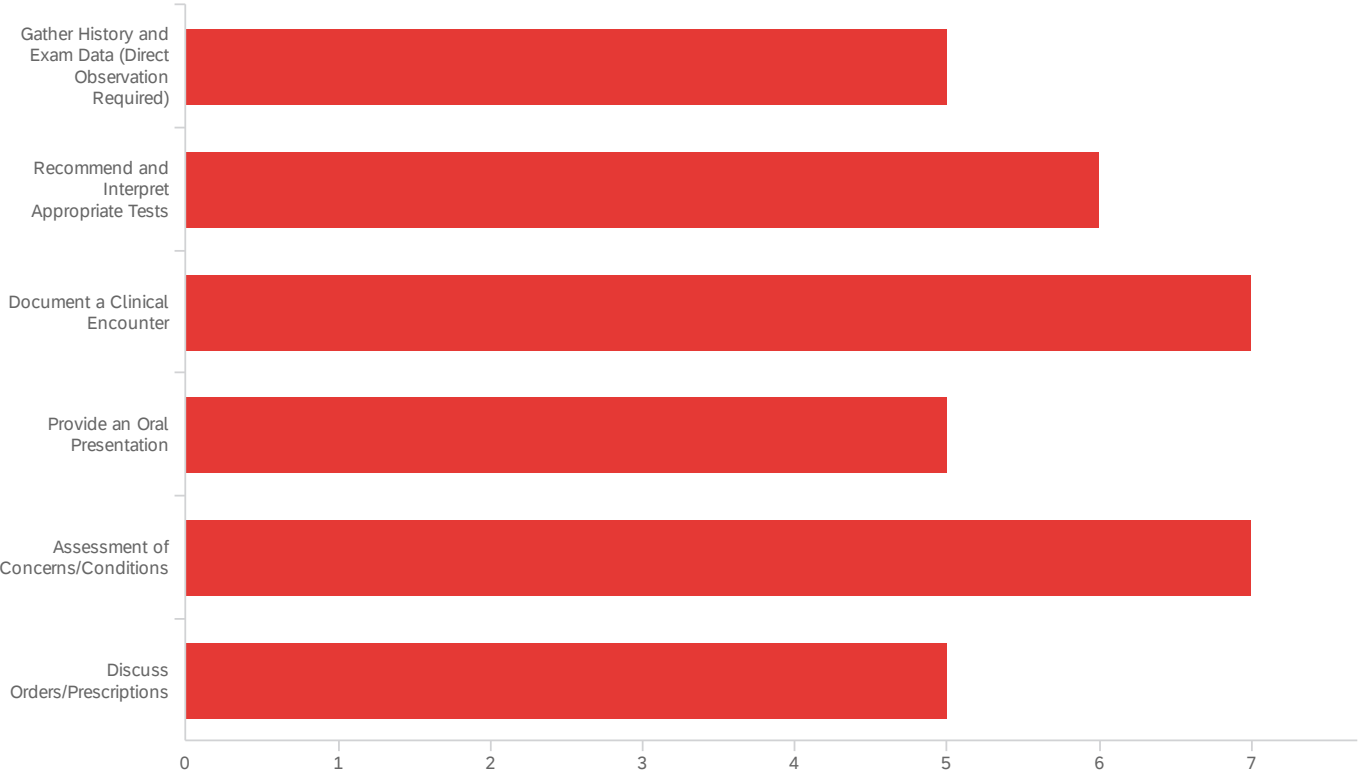
Student Feedback Collector 29

May 6, 2021 2:15 PM EDT

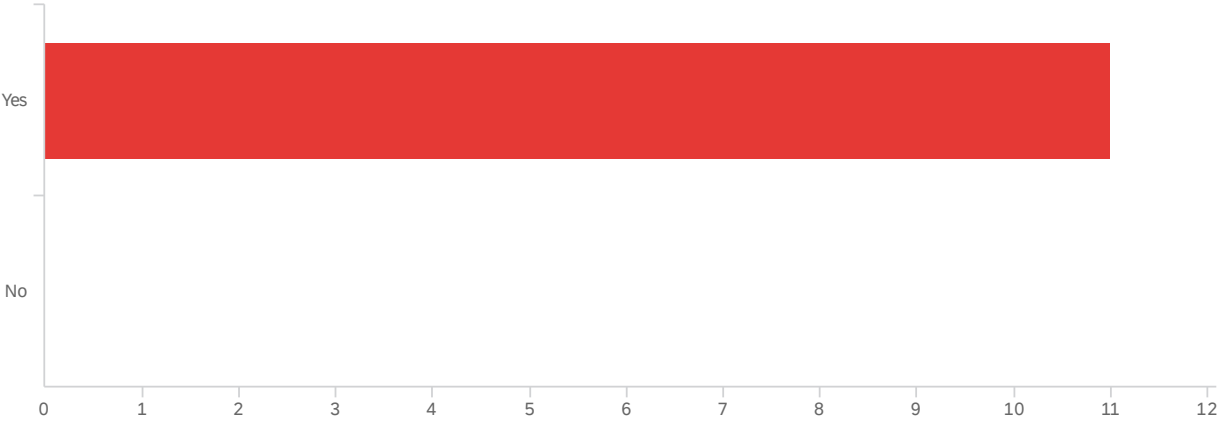
Who has assessed:



Areas that have been assessed:



Overall professionalism:

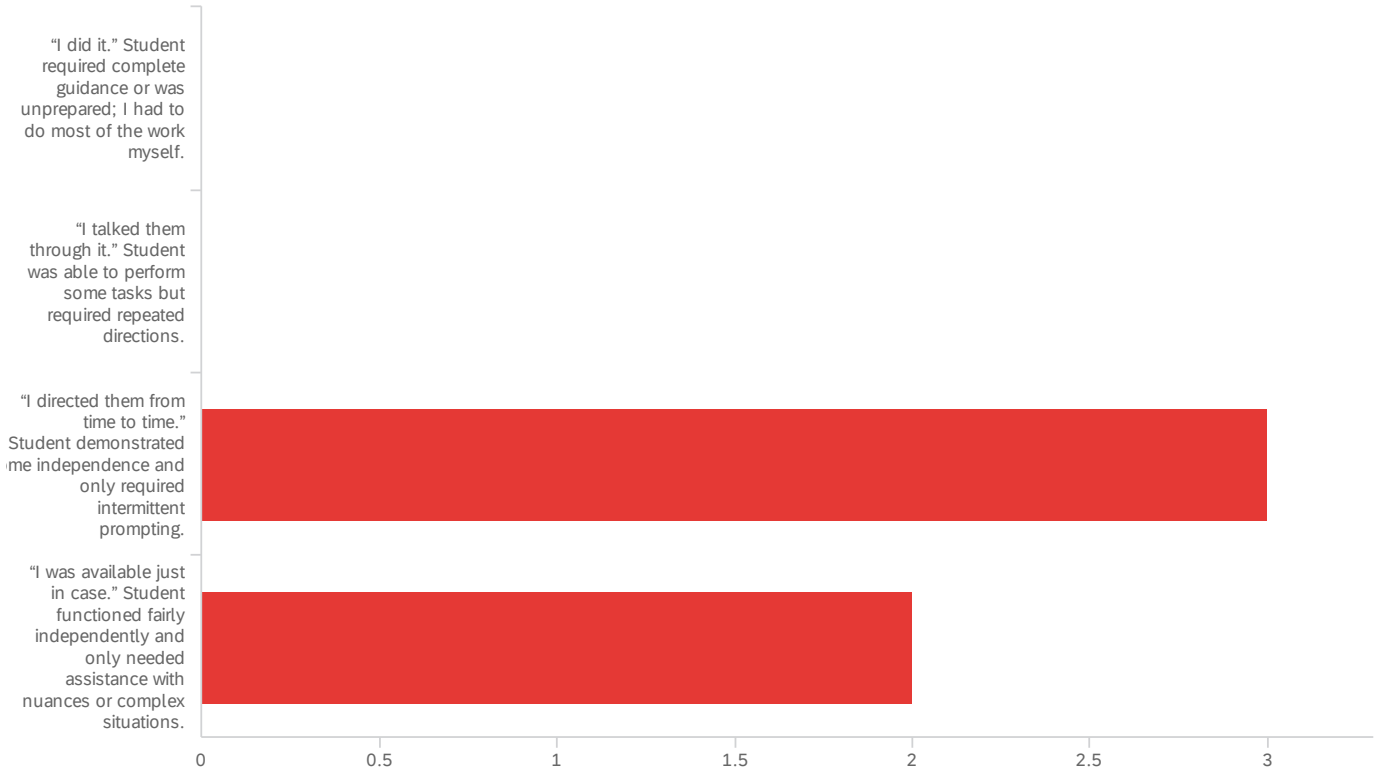


Potential areas of concern in professionalism:

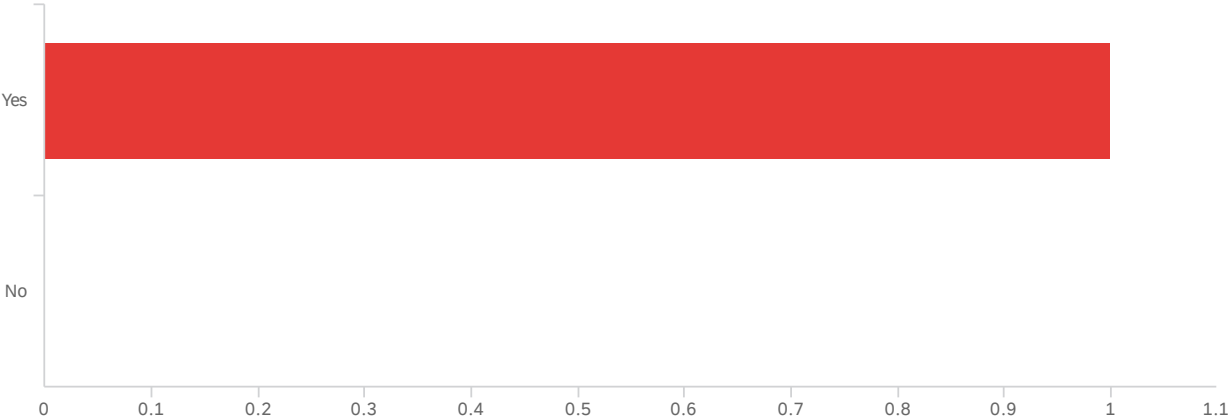
Please describe why not:

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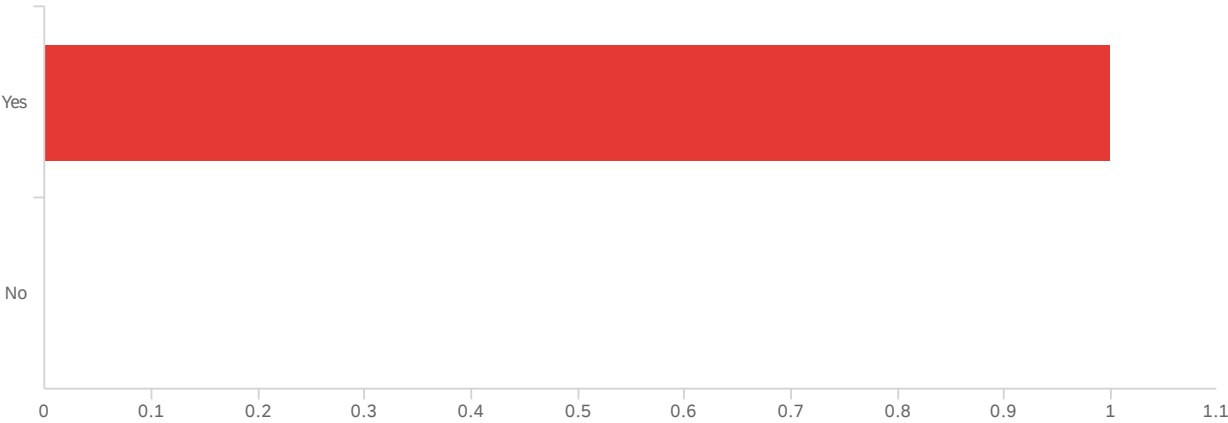
EPA1 Gather a History and Perform a Physical Exam



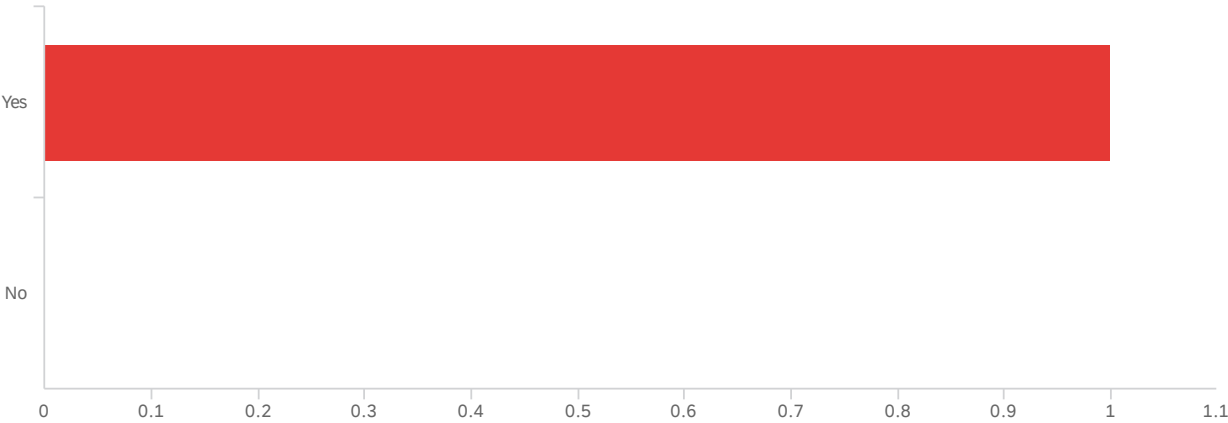
The student was respectful with patients



The student used terms that patients understood.

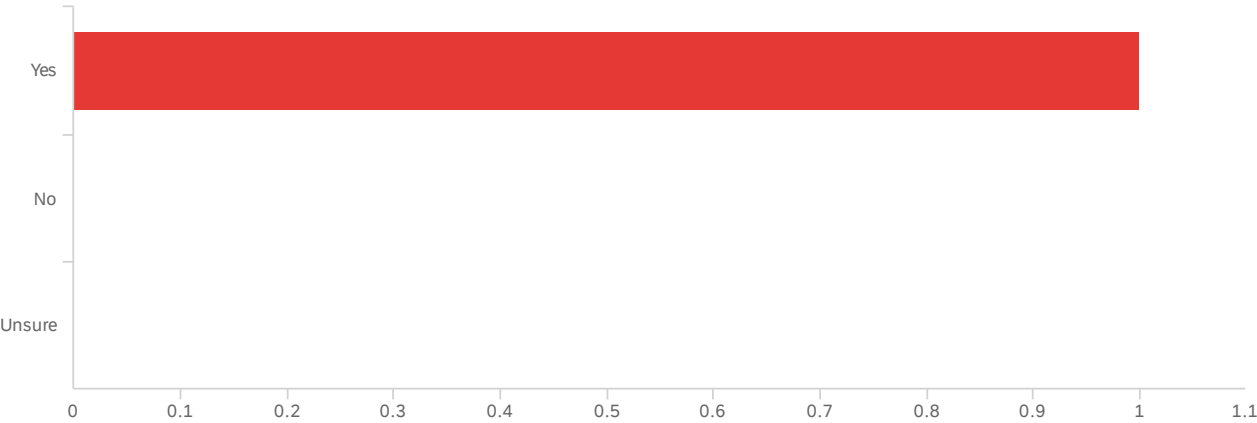


The student seemed to understand patient concerns.





The student asked patients and family about preferences when there were possible options f...



## EPA 1 Things to keep doing:

One thing I really liked about the student's history and exam was...

---

Extremely thorough

succinct, all relevant information provided.

Excellent use of open ended questions for hx

We were talking to a young woman about depression and anxiety, she was able to navigate a dairy difficult topic of self harm directly without making the patient feel awkward And still getting the information she needed.

Very thorough and followed the patient's lead

## EPA 1 Things to keep doing (patient perspective)

What was the best part of your experience with the student today?

---

She was great with my daughter

## EPA1 Things to work on:

One way this could be improved is...

---

Steer away from tendency to go back to HPI and ROS when now on PE (I acknowledge is hard to do w telehealth)

Practice using normalizing introductory statements to broach subjects that can be sensitive such as self harm, maladaptive coping mechanisms.

NA

Broaden differential and trying not to anchor

Being more aware of specific questions to ask for specific diagnoses -- ie DM when was last foot exam/eye exam -- sure this will come with time

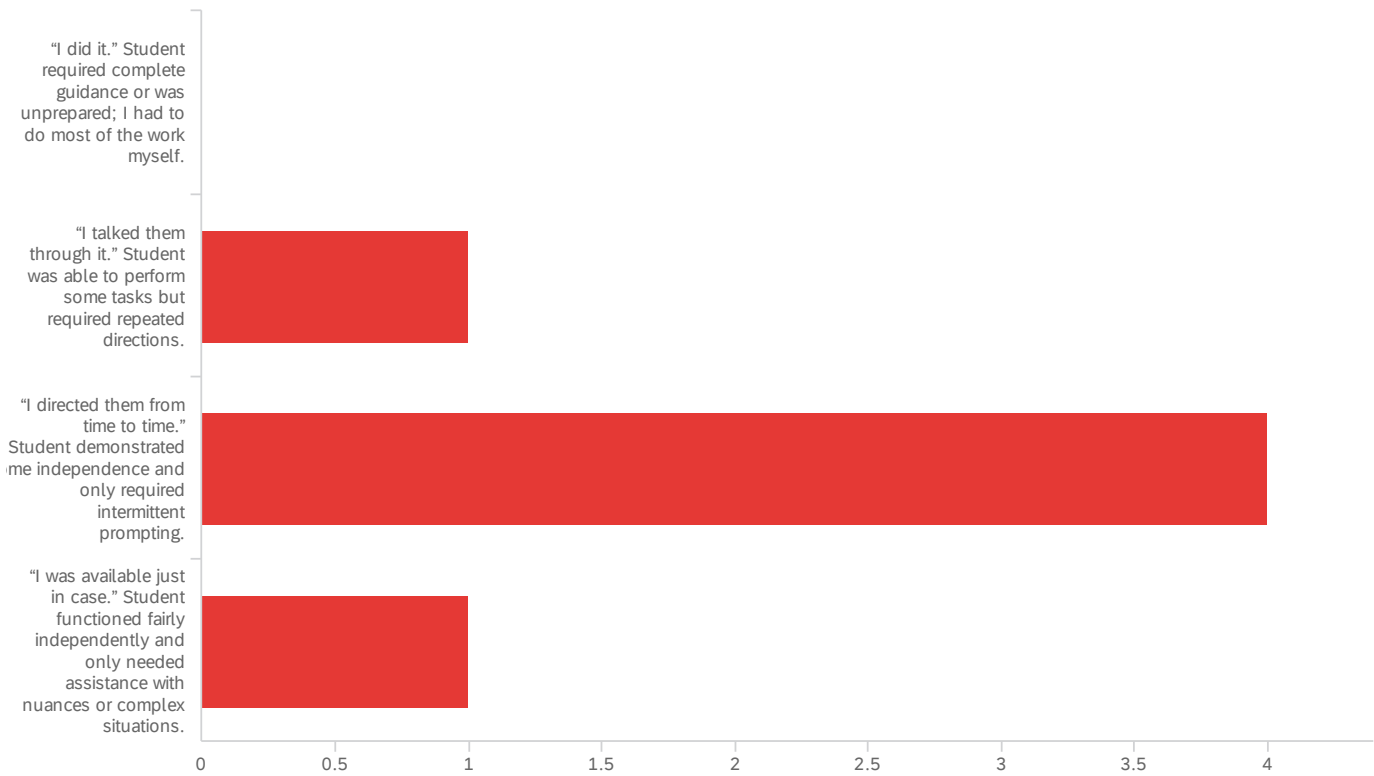
## EPA1 Things to work on (patient perspective):

What was one part of your experience with the student that could be improve...  
▲

---

None

EPA 2 Prioritize a Differential Diagnosis



## EPA 2 Things to keep doing:

One thing I really liked about the student's assessments was...

---

Almost always had a good differential and plan for each problem.

You could hear her thinking through some of the possibilities.

She did a great job walking patients through her clinical thinking and making sure patients understood her thought process/decision making

You could see the wheels turning -- able to think through the problem at hand

Very fluid with thinking about a ddx and supports that with sound reasoning.

Hit the most active problems and mentioned stable/unstable. Started developing rudimentary plans for each problem.

## EPA 2 Things to work on:

One way this could be improved is...

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Continue developing differential diagnoses and care plans.

She said explicitly give me differential even if she's not sure what the answer is.

Increased efficiency in self directed POC resource utilization

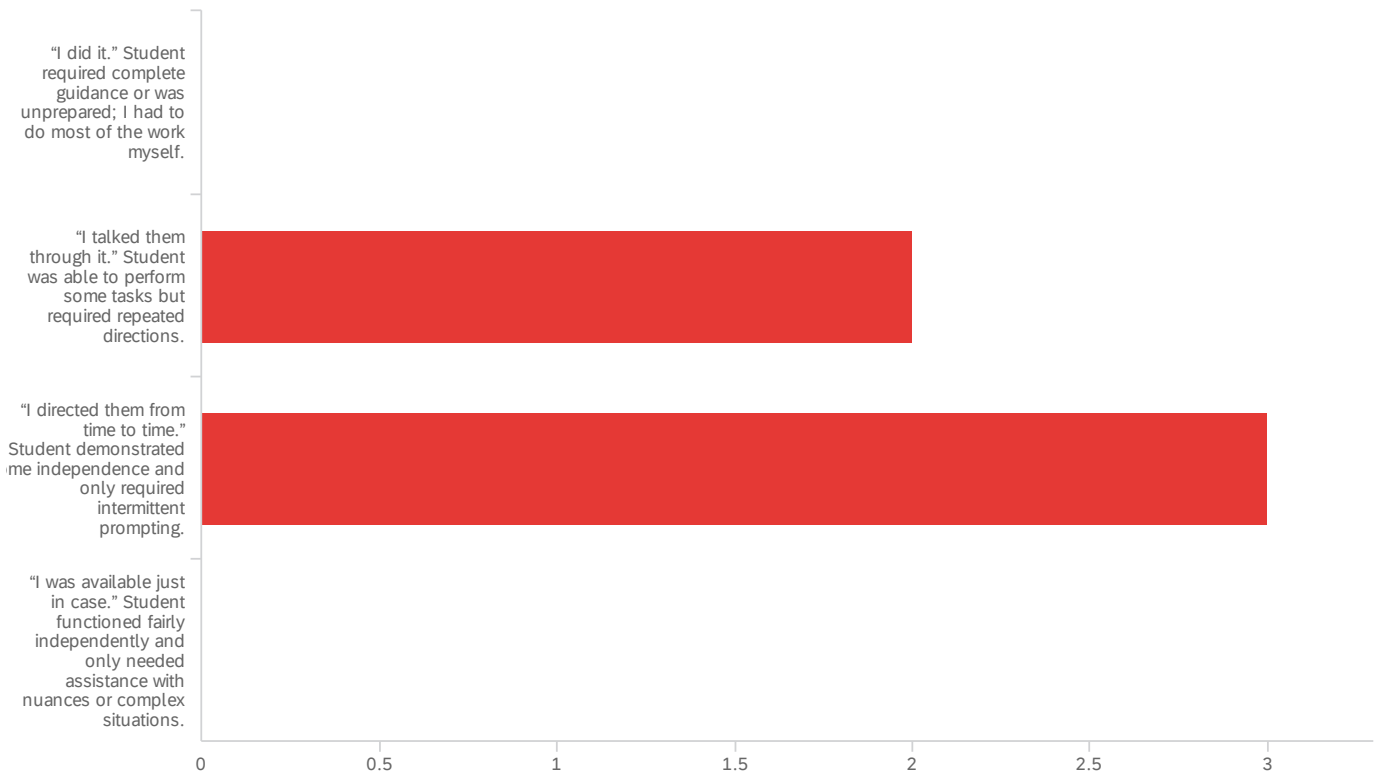
Think through every aspect of each problem in terms of expected activities/patient QI

Expanding knowledge through further reading.

Again developing medical knowledge is the barrier which I expect to continue to grow with time/experience/ reading.  
Pick one thing from each case to read more about.



### EPA 3 Recommend and Interpret Common Diagnositic and Screening Tests



## EPA 3 Things to keep doing:

One thing I really liked about the student's performance was...

---

Was not looking to order every test in the manual -- aware of recommendations

Routine labs/prev med lab interpretation seems solid.

Is able to develop a differential from abnormal labs.

Had great commitment to her suggested testing and sound reasoning for getting it (X-ray)

Good ideas regarding diagnostic work ups.

## EPA 3 Things to work on:

One way this could be improved is...

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Continue to use EBM tools to help with deciding on appropriate diagnostics.

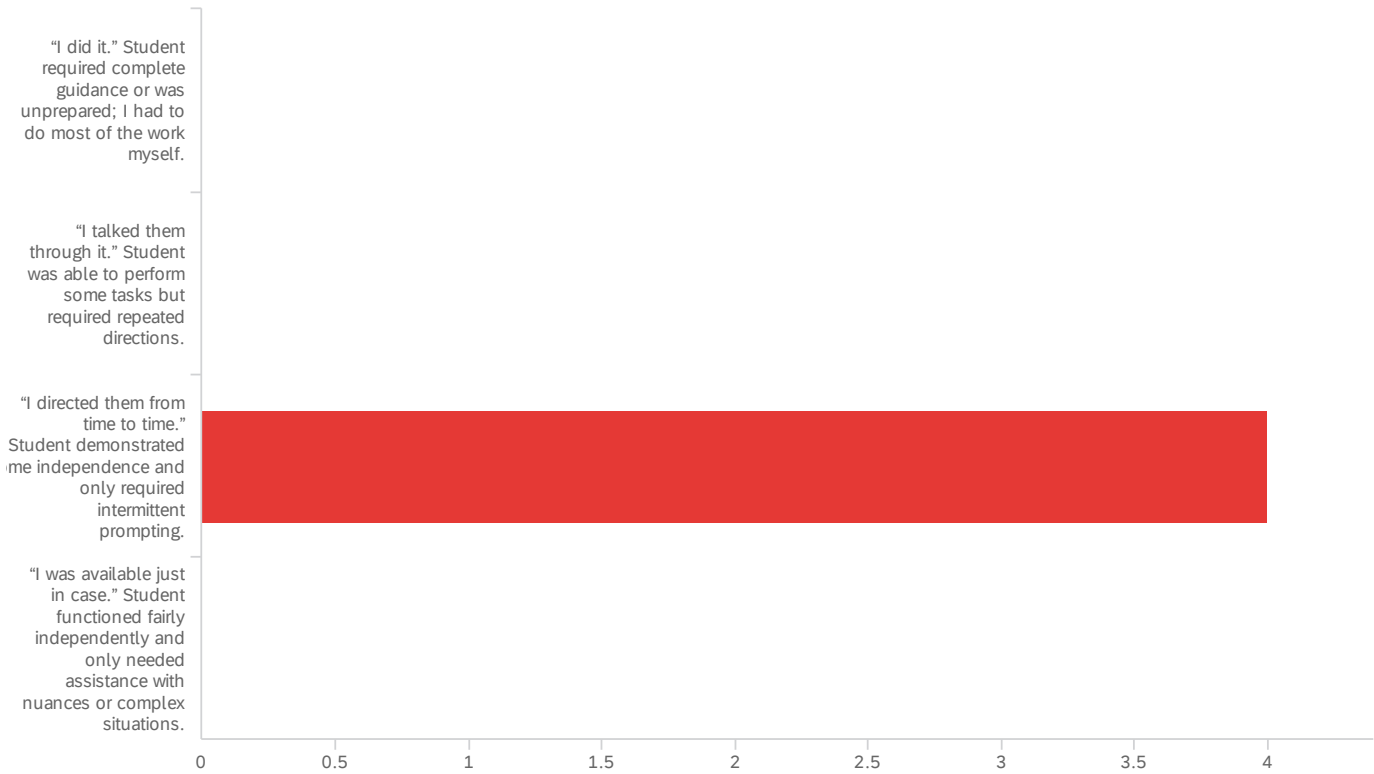
Thinking of the more common reasons for l-abnormalities. (gilbert's for elevated bili)

Pushing into the 'nitty gritty' of lab interpretation and linking that to the basic science knowledge you learned in phase 1.

nothing

Consider costs and benefits out loud. When considering meds suggest names and doses.

EPA 4 Enter and Discuss Orders and Prescriptions



## EPA 4 Things to keep doing:

▲  
One thing I really liked about the student's orders/prescriptions was...

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Well versed in common 1st line medications for various problems.

We reviewed dynamed for evidence on centor criteria as well as antibx choice and use in sinusitis and pharyngitis

We did not discuss specific dosing -- student however was aware of medication classes for the patients seen

Gave specific medicine and dosage for treatment

## EPA 4 Things to work on:

One way this could be improved is...

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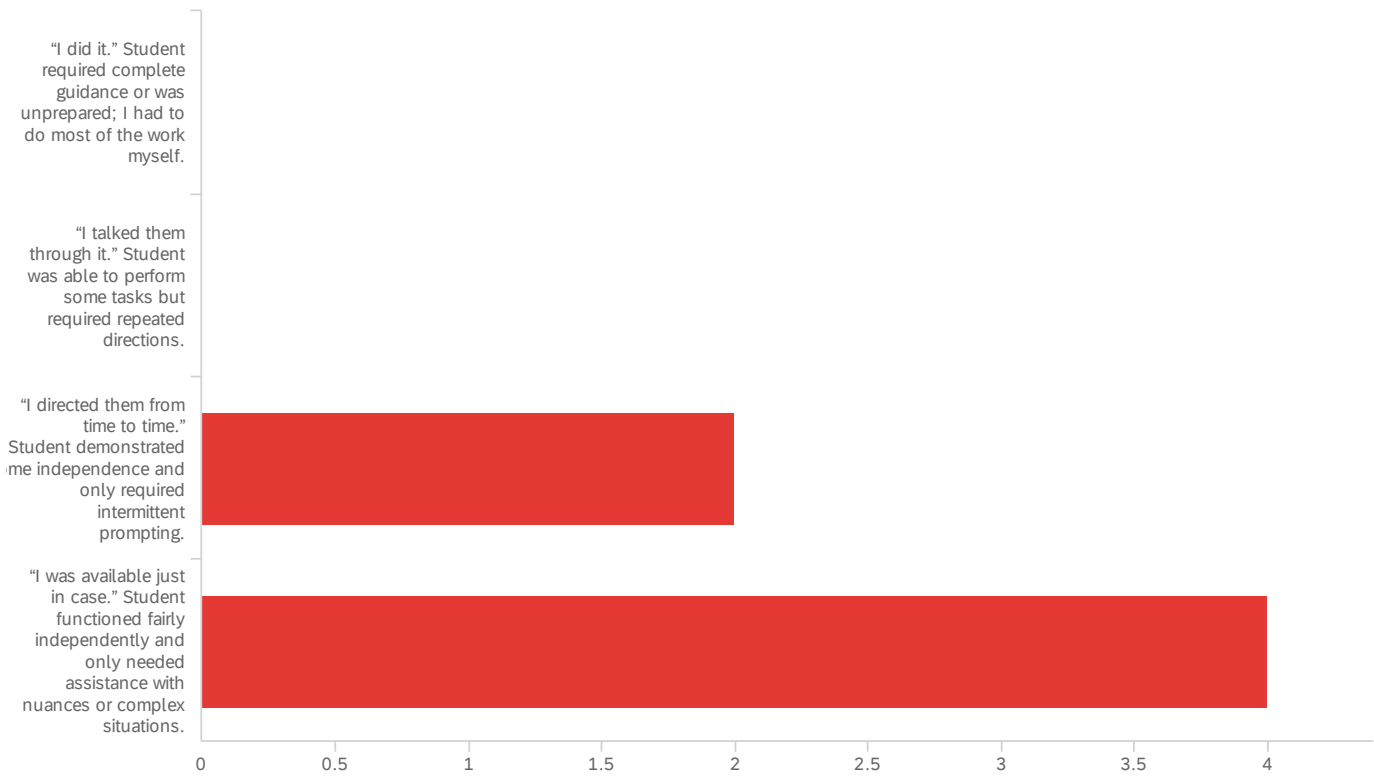
Working on knowledge of common medication dosages, start thinking about 2nd line medication options.

Think about the pathophys uplift of the sx/disorder you are trying to treat and connect the mechanism of action of the proposed medicine to see if it's appropriate.

could propose med orders to attending

Over time learn the needs for various drugs in various classes

EPA 5 Document a Clinical Encounter in the Patient Record



## EPA 5 Things to keep doing:

One thing I really liked about the student's notes was...

---

Excellent documentation, very little changes needed to be made, documentation was clear, relevant, and complete.

Very thorough. Captures the critical details and explains the reasoning very well.

Makenna quickly integrated feedback into successive notes

It was thorough and Well organized.

Well-written and thought out billable note

HPI was organized by problem and ROS was seamlessly included in the narrative.



## EPA 5 Things to work on:

One way this could be improved is...

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N/A

For your efficiency, try to capture the same critical details without too many words (you don't want to spend half your life documenting like I do!)

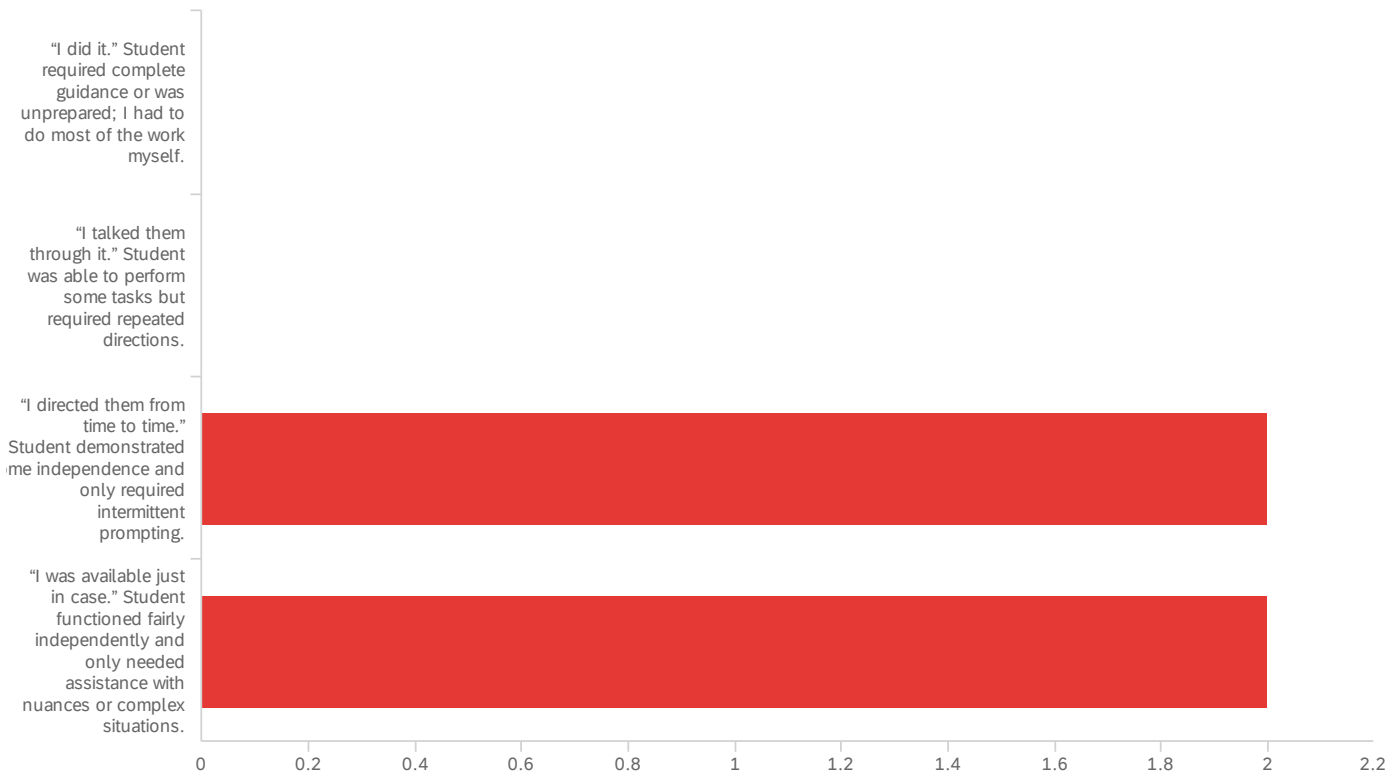
She only saw acute telehealth w me today - she may be challenged more with this during in-office chronic complex follow up patients

Flush out the physical exam section in relation to psychiatric sometimes given this was a depression and anxiety discussion.

fully documenting each aspect of care

Pulling in important data that isn't pulled in automatically (e.g. A1c on a Diabetic that is outside of the 30day window for auto-population in the note template)

EPA 6 Provide an Oral Presentation of a Clinical Encounter



## EPA 6 Things to keep doing:

One thing I really liked about the student's presentations was...

---

Clear, succinct, relevant, well organized.

She was able to organize fairly complex presentations of multiple potentially unrelated concerns.

Focused appropriately -- addressed each issue individually

Organized pretty well even with complicated cases. Took feedback from case to case.

## EPA 6 Things to work on:

One way this could be improved is...

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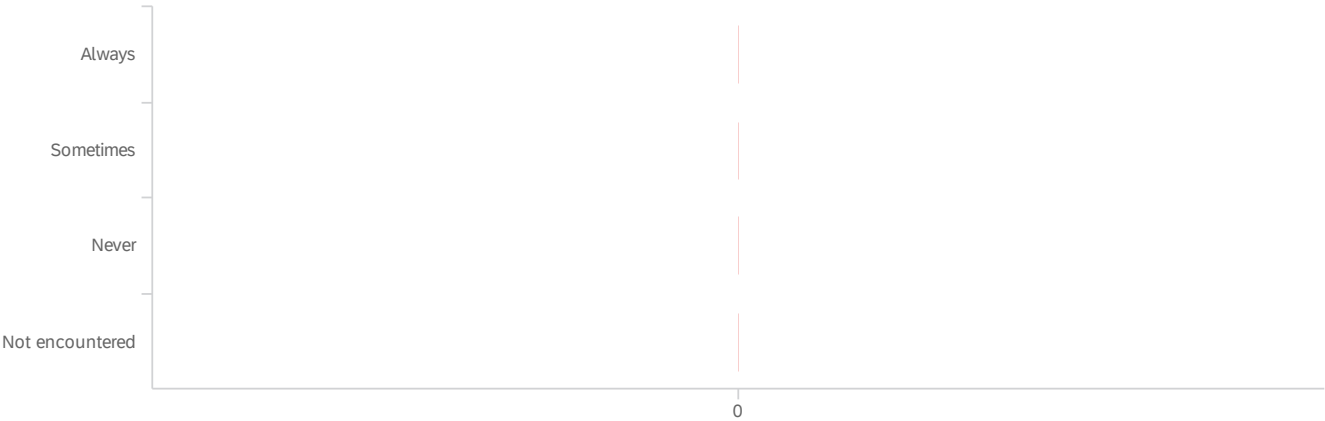
She tell you to stop or slow down when she got to the assessment and plan. I encouraged her to give at least a few items of the differential even if she is not sure what the diagnosis is.

N.A

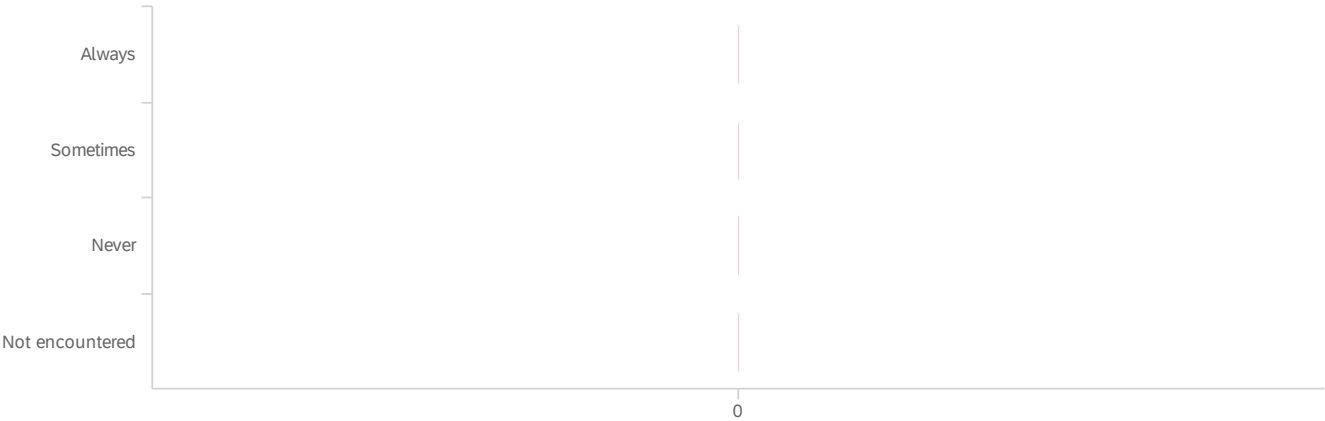
Focusing the most important information and de-emphasizing/omitting the rest. This will get easier as medical knowledge/decision making improves.

Finishing thoughts about one area without skipping ahead to assessment of that area

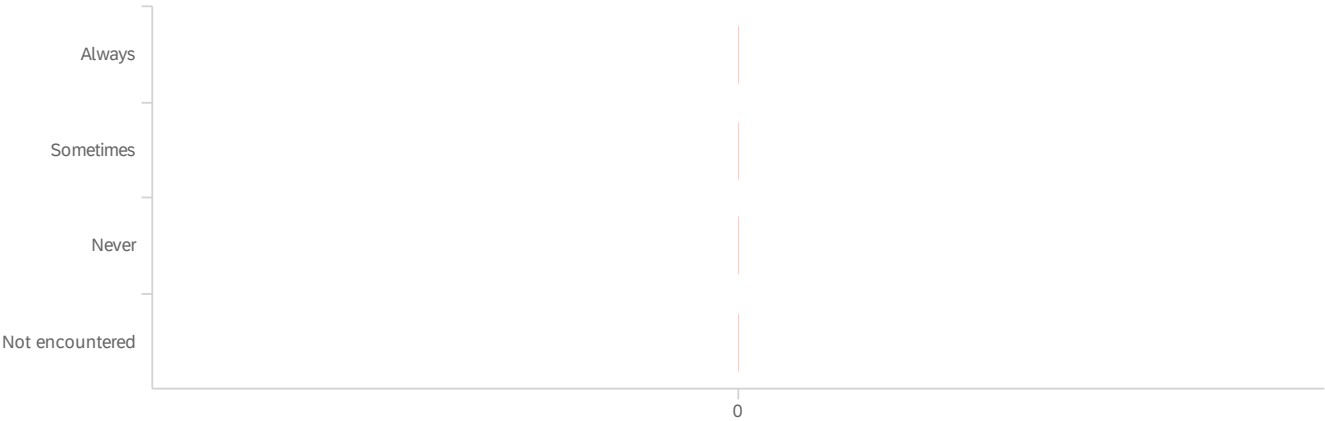
EPA 9 This student communicates respectfully with team members.



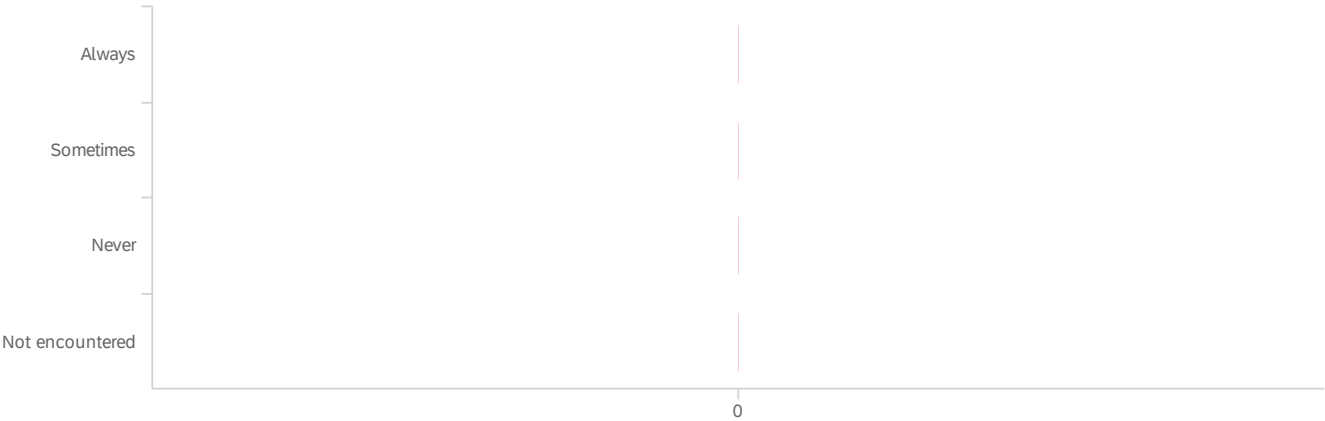
EPA 9 This student asks for my input about patient care.



EPA 9 This student acknowledges what team members contribute to caring for patients.



EPA 9 This student works well on the team regardless of cultural/gender/professional differe...





## EPA 9 Team member feedback on student's performance

Do you have any other feedback on this student's performance?

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**End of Report**