Psychiatry Clerkship Rotation Competencies On-going Formative Feedback Talking Points

Where possible, provide explicit, behavioral feedback to help students improve in these categories (on which you will be asked to provide narrative comments in the final evaluation form). Suggest concrete strategies to permit improvements.

- 1. Understanding of scientific basis of medicine as it applies to the practice of medicine.
 - a. Integrates biological and psychological, and social (biopsychosocial) factors in assessing and treating patients.
- 2. Clinical Skills and Clinical Reasoning/problem solving.
 - a. Applies clinical knowledge in conducting a thorough history, mental status examination, and physical examination of patients.
 - Uses appropriate clinical decision-making skills to generate appropriate list of differential diagnoses and a rationale for each.
 - c. Proposes clinical judgment skills to prepare appropriate diagnostic evaluations, collaborative interviews, procedures, psychological, and biological tests to delineate the diagnosis.
 - d. Generates and prioritizes list of management issues based on completed assessment of patients.

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- 3. Communications with patients, faculty, peers, and ancillary staff.
 - a. Provides appropriate and effective patient education in the prevention and treatment of commonly encountered health problems.
 - b. Presents cases clearly, concisely, and comprehensively, in the proper sequence.
 - c. Establishes caring and trusting relationships with patients and families.
 - d. Documents patient encounters appropriately in a problem-oriented medical record format.
- 4. Professionalism.
 - a. Demonstrates reliability and professional responsibility in the completion and fulfillment of tasks and duties.
 - b. Exhibits adaptability and openness to feedback, self-improvement, and self-directed learning.
- 5. Leadership and teamwork.
 - a. Functions effectively and with integrity within health care team.
- 6. Self-directed learning.

	Pleas	Please rate the helpfulness of the feedback:				
Faculty/Resident Name	1	2	3	4	5	
•	Not helpful			,	Very Helpful	
Date:						
		Stu	dent Signa	ture		
	Page 2					
	Student to Return Card to Cl	erkship D	irector			