

Student: _____

Date: _____

Preceptor: _____

Shift: _____

Circle the behaviors observed in each subsection. Use the distribution of behaviors in each section to choose the most appropriate level of entrustability for each skill domain. If a domain was not observed, please select “Not Observed – N/O” on the left.

		Pre Entrustable		Mostly Entrustable		Fully Entrustable		Outstanding	
Focused History and Physical Exam Skills	<input type="checkbox"/>	<input type="checkbox"/> Extraneous or insufficient information <input type="checkbox"/> May miss key physical findings or examine incorrectly		<input type="checkbox"/> Generally adequate information <input type="checkbox"/> Exam mostly adequate and correct <input type="checkbox"/> May not differentiate important from extraneous detail		<input type="checkbox"/> Appropriate information for clinical context <input type="checkbox"/> Exam complete and appropriately tailored <input type="checkbox"/> May include excess detail, but thorough and accurate		<input type="checkbox"/> Exceptional focused H&P, obtains all relevant information <input type="checkbox"/> Addresses chief complaint and urgent issues <input type="checkbox"/> Differentiates important from extraneous detail	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced
Ability to Generate a Prioritized Differential Diagnosis	<input type="checkbox"/>	<input type="checkbox"/> Limited ability to filter, prioritize, and connect information to generate a basic differential based on clinical data and medical knowledge		<input type="checkbox"/> Generally able to filter and connect information to generate a basic differential <input type="checkbox"/> Beginning to incorporate data and prioritize differential		<input type="checkbox"/> Reliably synthesizes data and medical knowledge into a complete differential <input type="checkbox"/> Incorporates data <input type="checkbox"/> Prioritizes differential by likelihood		<input type="checkbox"/> Demonstrates exceptional differential diagnosis and data interpretation <input type="checkbox"/> Uses all available information to develop a prioritized differential focusing on life/limb threats	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced
Ability to Formulate a Plan (Diagnostic, Therapeutic, & Disposition)	<input type="checkbox"/>	<input type="checkbox"/> Difficulty applying knowledge to formulate plans <input type="checkbox"/> Does not offer plan		<input type="checkbox"/> Usually able to apply knowledge to formulate plans <input type="checkbox"/> Plans may be incomplete/incorrect in some details		<input type="checkbox"/> Reliably able to apply knowledge to formulate plans <input type="checkbox"/> Plans are complete and appropriate <input type="checkbox"/> Plans tailored to patient needs/desires		<input type="checkbox"/> Exceptional ability to apply knowledge to formulate outstanding patient-centered plans <input type="checkbox"/> Able to anticipate and progress patient toward disposition	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced
Observation, Monitoring, and Follow-up	<input type="checkbox"/>	<input type="checkbox"/> Does not re-evaluate patients <input type="checkbox"/> Does not follow up results in a timely fashion <input type="checkbox"/> Needs to be given tasks		<input type="checkbox"/> Usually re-evaluates patients, though may need prompting <input type="checkbox"/> Usually follows up on results, though may need prompting <input type="checkbox"/> Beginning to integrate new data into ongoing plan <input type="checkbox"/> Needs some guidance with task sequencing		<input type="checkbox"/> Reliably re-evaluates patients without prompting <input type="checkbox"/> Follows up results in a timely manner without prompting <input type="checkbox"/> Integrates basic data into ongoing plan, though may need help <input type="checkbox"/> Completes tasks despite distraction		<input type="checkbox"/> Proactively re-evaluates patients and anticipates next steps <input type="checkbox"/> Follows up results and anticipates next steps <input type="checkbox"/> Integrates complex results and changing patient status into ongoing plan <input type="checkbox"/> Able to handle multiple patients simultaneously without prompting	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced

		Pre-Entrustable		Mostly Entrustable		Fully Entrustable		Outstanding	
Emergency Recognition and Management	<input type="checkbox"/>	<input type="checkbox"/> May not recognize or respond to abnormal vitals or patient deterioration <input type="checkbox"/> Delays or fails to seek help <input type="checkbox"/> Unable to recommend stabilization interventions		<input type="checkbox"/> Recognizes and responds to most abnormal vitals but may miss subtle changes <input type="checkbox"/> Promptly seeks help <input type="checkbox"/> Recommends and/or initiates some basic stabilization interventions (ABCs, IV/O2/monitor)		<input type="checkbox"/> Reliably recognizes and responds to all vital sign abnormalities and trends <input type="checkbox"/> Promptly seeks help <input type="checkbox"/> Recommends and/or initiates all basic and some advanced stabilization interventions (airway, IVF/meds, US)		<input type="checkbox"/> Exceptionally attentive to subtle vital sign abnormalities & trends <input type="checkbox"/> Promptly seeks help <input type="checkbox"/> Recommends and/or initiates basic and advanced interventions appropriately	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced
Patient and Team- Centered Communication	<input type="checkbox"/>	<input type="checkbox"/> Communication with patients and/or team is unidirectional or not tailored to circumstances <input type="checkbox"/> May not read or respond to others' emotions well <input type="checkbox"/> May not always attend to patient comfort or preferences <input type="checkbox"/> May not always integrate well into team, may not recognize value of team contributions		<input type="checkbox"/> Communication with patients and/or team is bidirectional and usually tailored to circumstances <input type="checkbox"/> Generally reads and responds to others' emotions well <input type="checkbox"/> Usually attentive to patient comfort and preferences <input type="checkbox"/> Usually integrates well into team, may not fully understand team roles or contributions		<input type="checkbox"/> Communication with patients and/or team is bidirectional and reliably tailored to circumstances <input type="checkbox"/> Skillful in reading and responding to others' emotions <input type="checkbox"/> Reliably sensitive to patient perspective and preferences <input type="checkbox"/> Integrates well into team and recognized value of team members		<input type="checkbox"/> Demonstrates exceptional communication skills with patients and/or team <input type="checkbox"/> Effectively reads and negotiates complex emotional situations and conflicts <input type="checkbox"/> Always sensitive to patient perspective <input type="checkbox"/> Highly regarded by patients and team	
	N/O	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced	<input type="checkbox"/> Beginning	<input type="checkbox"/> Advanced

Professionalism: Specific Attribute/Behavior	Concerns?		Please describe specific behaviors observed, positive and/or constructive comments are welcome and encouraged
	Yes	No	
Compassion, sensitivity, or respect toward patients	<input type="checkbox"/>	<input type="checkbox"/>	
Respect or collegiality toward team members	<input type="checkbox"/>	<input type="checkbox"/>	
Receptivity to constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty or ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability, accountability, or responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative, diligence, or work ethic	<input type="checkbox"/>	<input type="checkbox"/>	
Punctuality, attendance, or preparation for duty	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate dress or grooming	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	

Global Assessment: Compared to other students with a similar level of experience, this student's performance today was:

<input type="checkbox"/>	Lower 1/3	<input type="checkbox"/>	Middle 1/3	<input type="checkbox"/>	Top 1/3	<input type="checkbox"/>	Top 10%
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Please provide specific feedback and/or examples of any “Pre-Entrustable” or “Outstanding” ratings. Please comment on procedural competency and provide examples if applicable.

Preceptor Signature: _____

SUBMIT FORM