University of Colorado Child Health Associate/Physician Assistant Program
ORIME Assessment of 3rd Year PA Student

When completed by preceptor, please return to CHA/PA Office:
fax: 303.724.1350
or scan/email: clinical-team@ucdenver.edu

Student: ___________________________________________________________

Preceptor: _________________________________________________________

Clinical Site: _______________________________________________________ Rotation: _____________________________

Additional Preceptors contributing to this assessment: __________________________________________________________

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Have you provided health care services (may include psychiatric/psychological counseling) to this student or any primary family member(s)?

☐ Yes (If yes, please contact the CHA/PA Program)
☐ No

(ANSWER REQUIRED)

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Please select the month this student rotated with you.

If the student was with you for 1/2 of one month, or split their rotation over two months, please select the month(s) and "2 week rotation".

☐ June
☐ July
☐ August
☐ September
☐ October
☐ November
☐ December
☐ January
☐ February
☐ March
☐ April
☐ 2 Week Rotation
☐ How many days/shifts was this student absent from this rotation?:

(ANSWER REQUIRED)

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Color Key:

**YELLOW**: Appropriate level for 3rd Year student.
Few, if any, 3rd Year students at this level.

Not appropriate for 3rd Year student.

Medical Knowledge (Basic Knowledge of common illnesses):

- **OBSERVER**: Student observes preceptors but does not have opportunity to share medical knowledge related to common illnesses encountered.

- **REPORTER**: Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.

- **INTERPRETER**: Student has understanding of etiology, clinical manifestations and pathophysiology of common illnesses encountered; asks appropriate questions to further areas where knowledge is lacking or incomplete.

- **MANAGER**: Student has outstanding fund of knowledge with regard to both common and uncommon illnesses encountered.

- **EDUCATOR**: Student is self-directed and educates peers on common and uncommon illnesses encountered.

Patient/Clinical Care (History taking):

- **OBSERVER**: Student observes preceptor perform history; does not contribute to patient care.

- **REPORTER**: Student demonstrates consistent, complete and adequate data collection during history taking.

- **INTERPRETER**: Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.

- **MANAGER**: Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.
**EDUCATOR** - Student is a self-directed learner who contributes to the education of others.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

(ANSWER REQUIRED)

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**Patient/Clinical Care (Physical Exam Skills):**

- **OBSERVER** - Student observes preceptor perform physical examination; does not contribute to patient care.

- **REPORTER** - Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.

- **INTERPRETER** - Student performs all important components of the physical examination correctly.

- **MANAGER** - Student performs either a focused or comprehensive physical examination, as indicated by presenting issue, in an efficient, correct and sensitive manner and is able to identify abnormal findings.

- **EDUCATOR** - Student is self-directed learner who educates peers on physical examination techniques.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

(ANSWER REQUIRED)
Patient/Clinical Care (Assessment: Diagnosis, Differential Diagnosis, and Medical Decision Making):

- **OBSERVER** - Student observes or discusses formulation of differential diagnosis, assessment and medical decision making with preceptor, but does not contribute to its development.

- **REPORTER** - Student recalls history and physical findings and then looks to preceptor for next steps in developing a differential and working diagnosis; discusses mechanisms behind medical decision-making.

- **INTERPRETER** - Student jumps from information gathering to broad differential without focus; this may result in a myriad of tests/therapies; student is generally able to identify a logical diagnosis with some ability to support it through their medical decision-making.

- **MANAGER** - Student synthesizes information for a working diagnosis and differential and articulates logical medical decision-making; able to select appropriate diagnostic or lab studies.

- **EDUCATOR** - Student rapidly focuses on correct working and differential diagnosis; accurately interprets any and all diagnostic or lab studies. Educates peers around medical decision-making.

**OBSERVER**  **REPORTER**  **INTERPRETER**  **MANAGER**  **EDUCATOR**

Comments: (ANSWER REQUIRED)

Patient/Clinical Care (Plan):

- **OBSERVER** - Student observes or discusses development of patient management plan with preceptor, but does not contribute to its development.

- **REPORTER** - Student can report some components of a management plan, but looks to preceptor for full development of plan. Discusses important aspects of patient management plans.

- **INTERPRETER** - Student develops a basic management plan that is not fully formulated or may leave out key components.

- **MANAGER** - Student develops a patient management plan appropriate to the diagnosis and medical decision-making; able to educate patients/families about most aspects of the plan.

- **EDUCATOR** - Student develops and carries out patient management plans with no assistance. Student is able to educate peers in all aspects of plan development.

**OBSERVER**  **REPORTER**  **INTERPRETER**  **MANAGER**  **EDUCATOR**

Comments: (ANSWER REQUIRED)
Patient/Clinical Care (Oral Presentations):

- **OBSERVER** - Student listens to preceptor perform oral presentation; does not contribute to patient care.

- **REPORTER** - Student oral presentations are generally organized, complete and accurate with occasional extraneous material; preceptor may occasionally need to ask for clarifying information especially in a specialty setting.

- **INTERPRETER** - Student oral presentations are organized, accurate and complete; student is able to prioritize medical issues.

- **MANAGER** - Student oral presentations are organized, accurate, complete, concise and include prioritization and analysis of medical issues and suggestions for management; preceptor can rely on these presentations to contain all relevant material necessary to determine plan of care.

- **EDUCATOR** - Student is self-directed learner who educates peers on organization of oral presentations.

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Comments:  
(ANSWER REQUIRED)

Patient/Clinical Care (SOAP notes):

- **OBSERVER** - Student observes preceptors' preferred method of medical documentation; does not contribute to patient care.

- **REPORTER** - Student written communications are generally organized, or complete and accurate in a primary care setting, though may need additional guidance in a specialty practice.

- **INTERPRETER** - Student written communications are organized, accurate and complete. Student is able to identify some clinical issues.

- **MANAGER** - Student written communications are organized, accurate, complete, concise and incorporate prioritization and analysis of most medical issues; they accurately reflect the major issues important for patient care and contain a plan.

- **EDUCATOR** - Student is self-directed learner who educates peers on documentation techniques.

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Comments:  
(ANSWER REQUIRED)
Patient/Clinical Care (Time Management):

- **OBSERVER**: Student observes and discusses typical clinic work flow with the preceptor.

- **REPORTER**: Student has the ability to focus on one task at a time; such as taking a history, or performing a physical examination. Needs guidance regarding what are priorities for clinic work flow.

- **INTERPRETER**: Student can identify needs in clinic work flow; recognizes when a task, such as charting, should be put on hold in order to complete or participate in another activity, such as seeing the next patient.

- **MANAGER**: Student has the ability to plan ahead and has some ability to multitask; charting is done efficiently and does not interfere with other assigned duties.

- **EDUCATOR**: Student is able to chart efficiently and keep up with charting throughout the day, while simultaneously seeing patients and performing other assigned duties.

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Comments:

(ANSWER REQUIRED)

Practice Based Learning and Improvement (Ability to identify gaps in knowledge & integrate evidence into care):

- **OBSERVER**: Student observes and may begin to identify personal gaps in medical knowledge.

- **REPORTER**: Student can identify gaps in medical knowledge and is self-directed in his/her learning.

- **INTERPRETER**: Student can appraise and may begin to integrate evidence from clinical studies and/or point of care tools related to patient health or problems; beginning to identify potential for system and individual error.

- **MANAGER**: Student applies and integrates evidence from clinical studies and/or point of care tools to patient or population health problems; creates plan for addressing individual limitations and initiates self-improvement; able to propose system changes.

- **EDUCATOR**: Student can analyze practice experience and perform practice-based improvement activities with other members of the health care delivery team; educates peers on patient safety; proposed practice-based changes designed to improve patient care.

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Comments:

(ANSWER REQUIRED)
System-Based Practice (Knowledge of practice systems and community resources):

- **OBSERVER** - Student observes but does not contribute knowledge of practice systems and community resources.

- **REPORTER** - Student able to identify some important health care resources that would benefit his/her patient.

- **INTERPRETER** - Student demonstrates an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the patient.

- **MANAGER** - Student seeks out and utilizes local and community resources for the benefit of the patient; actively participates in multidisciplinary meetings or is able to help patients navigate the system of care.

- **EDUCATOR** - Student is self-directed and educates peers on interdisciplinary teams, navigation of health care systems and community resources.

Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families and care team):

- **OBSERVER** - Student observes communication with patients and families; does not participate in patient care.

- **REPORTER** - Student communicates appropriately with patients/families but may not use active listening skills or open-ended questions consistently.

- **INTERPRETER** - Student creates rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring.

- **MANAGER** - Student communicates even complicated or difficult information to patients and families and appropriately responds to their concerns/questions.

- **EDUCATOR** - Student is self-directed and educates peers on effective methods to communicate with patients and their families.
Professionalism (Professional Responsibility):

- **OBSERVER** - Student observes and discusses patient care while maintaining confidentiality.

- **REPORTER** - Student beginning to recognize need for further knowledge or information but may need direction; student developing flexibility, adaptability and tolerance for change.

- **INTERPRETER** - Student demonstrates ability to accept constructive feedback and begins to adapt behavior; accepts responsibility for own actions; beginning to recognize and/or suspend own biases/judgmental thinking.

- **MANAGER** - Student has the ability to self-reflect and set goals; takes initiative and attempts to solve problems independently before seeking assistance.

- **EDUCATOR** - Student has the ability to provide constructive and timely feedback; responds calmly in all situations; demonstrates ability to adapt effectively to multiple settings.

Professionalism (Compassion, Humility, Respect with Patients):

- **OBSERVER** - Student observes interactions with patients but does not participate in care.

- **REPORTER** - Student is courteous and respectful to all patients.

- **INTERPRETER** - Student demonstrates humility and respect for all patients, particularly those at risk for health disparities.

- **MANAGER** - Student is sensitive and compassionate; demonstrates ability to recognize distress in others; able to offer support to all patients, particularly those at risk for health disparities.

- **EDUCATOR** - Student anticipates patient needs and actively advocates to meet those needs; especially those patients at risk for health disparities. Demonstrates ability to put needs of others ahead of personal needs.
Professionalism (Compassion, Humility, Respect with Staff/Preceptor):

- **OBSERVER** - Student observes interactions between staff members and health care team.

- **REPORTER** - Student is sensitive and courteous to all members of the healthcare team. Helps team when requested.

- **INTERPRETER** - Student demonstrates humility and respect for all members of the healthcare team. Fulfills basic patient care responsibilities required of him/her on their own initiative.

- **MANAGER** - Student takes primary responsibility for patients, actively anticipates the needs of the team, and attempts to meet those needs.

- **EDUCATOR** - Student is self-directed, a humble leader, respectfully educating and sharing their knowledge with peers and all members of the team.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments: (ANSWER REQUIRED)

Please comment on areas of strength:

Please comment on areas in need of improvement:

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