University of Colorado Child Health Associate/Physician Assistant Program

ORIME Evaluation of 3rd Year PA Student

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

Student: ____________________________

Preceptor ____________________________

Clinical Site: ____________________________ Rotation: ____________________________

Additional Preceptors contributing to this evaluation: ____________________________

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)

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

(ANSWER REQUIRED)

Color Key:

YELLOW - Appropriate level for 3rd Year student.

LIGHT GREY - Few, if any, 3rd Year students at this level.

BLACK - 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.

Observers: Reporter: Interpreter: Manager: Educator: Comments:

(ANSWER REQUIRED)
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.

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Comments:
(ANSWER REQUIRED)

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.

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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.

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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.

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Comments:

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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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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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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.

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• **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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13 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 appraises 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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14 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.

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15 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.

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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.

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Comments:
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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.

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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.

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Please comment on areas of strength:
Please comment on areas in need of improvement:

When completed by preceptor, please return to CHA/PA Office:

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