

Neurology Clerkship Bedside Skills Evaluation Form

Student Name: _____ Faculty Name: _____

Date: _____

Instructions: Please fill out student's name, examiner's name, and date. You may use this form to take notes during the encounter on Medical Interviewing and Neurologic examination observations, and can fill out the check list items to help inform assessment score and feedback.

In an effort to standardize scoring, please refer to specific scoring guidelines above each assessment section. Return the form to the Clerkship Director and Clerkship Coordinator within 1-2 days of completing the evaluation.

Medical Interviewing	Notes on Completeness, Accuracy, Organization				
<ul style="list-style-type: none"> • Introduction <input type="checkbox"/> • Pertinent history elements obtained (e.g. onset, severity, timing, context, modifying factors, associated symptoms, etc.) <input type="checkbox"/> 					
<ul style="list-style-type: none"> • Past Medical/Surgical History <input type="checkbox"/> • Family History <input type="checkbox"/> • Social History <input type="checkbox"/> • Medications (general list, no doses) <input type="checkbox"/> • ROS (pertinent positives and negatives) <input type="checkbox"/> 					
Medical Interviewing Scoring Guide: <ol style="list-style-type: none"> 1. Inaccurate and disorganized, missed many important historical elements 2. Less organized than most students at this level, some major historical elements missed 3. Organization commensurate with level, all major historical elements obtained (no skipped components) 4. Organization and ability to elicit important details above-average, obtained all significant elements 5. Precise and complete with outstanding organization and ability to extract important historical details. 					
Medical Interviewing Assessment (10 pts)	Unsatisfactory	Satisfactory		Superior (Top 10%)	
History of Present Illness	1	2	3	4	5
Past History	1	2	3	4	5

Neurological Examination	Notes - Completeness, Organization, Skill
1. Mental Status (problem-focused) <input type="checkbox"/> 2. Cranial Nerves <input type="checkbox"/> <ul style="list-style-type: none"> • CN II (<i>Visual acuity, Visual fields, Pupillary response, fundus</i>) <input type="checkbox"/> • CN III, IV, VI (<i>Pupillary response, Saccades/pursuit</i>) <input type="checkbox"/> • CN V (<i>Facial sensation, jaw strength</i>) <input type="checkbox"/> • CN VII (<i>Facial strength/symmetry</i>) <input type="checkbox"/> • CN VIII (<i>Gross hearing to finger rub or voice</i>) <input type="checkbox"/> • CN IX/X (<i>Palate elevation</i>) <input type="checkbox"/> • CN XI (<i>SCM or Trapezius function</i>) <input type="checkbox"/> • CN XII (<i>Tongue movements</i>) <input type="checkbox"/> 3. Motor Exam <input type="checkbox"/> <ul style="list-style-type: none"> • Bulk/Tone <input type="checkbox"/> • Pronator drift <input type="checkbox"/> • Strength in 4 limbs (including functional testing if possible) <input type="checkbox"/> 4. Sensory Exam <input type="checkbox"/> <ul style="list-style-type: none"> • Light touch (+ pin-prick testing if indicated) <input type="checkbox"/> • Temperature <input type="checkbox"/> • Position/Vibration sense (lower limbs) <input type="checkbox"/> • Romberg <input type="checkbox"/> 5. Reflexes <input type="checkbox"/> <ul style="list-style-type: none"> • Deep Tendon Reflexes <input type="checkbox"/> • Plantar reflex <input type="checkbox"/> 6. Coordination/Gait <input type="checkbox"/> <ul style="list-style-type: none"> • Limb coordination in 4 Limbs <input type="checkbox"/> • RAM in upper limbs <input type="checkbox"/> • Casual and tandem gait (if appropriate) <input type="checkbox"/> 	

Neurologic Examination Scoring Guide:

1. Missed ≥ 2 major exam domains, and/or demonstrates unacceptable skills in the areas demonstrated
2. No more than 1 major exam domain missed; demonstrates below average skill or completeness, and/or below average organization
3. Assessed all major domains of the exam, may have missed a couple sub-domains; average skill for level of training; may be somewhat disorganized
4. Assessed all major domains of the exam, minimal missed sub-domains; above average skill for level of training; good organization;
5. Assessed all major domains of the exam including all sub-domains; outstanding skill for level of training (picks up on subtle findings); very good organization

Neurological Examination Assessment (10 pts)	Unsatisfactory	Satisfactory			Superior (Top 10%)
	1-2	3-4	5-6	7-8	9-10

Humanism and Professionalism Scoring Guide:

1. Inappropriate behavior with patient; grossly inappropriate attire; poorly motivated; notably poor psychosocial skills
2. No grossly inappropriate behaviors, but poor motivation/attitude and/or psychosocial skills below average for level
3. Average level of motivation, with good attitude; average psychosocial skills
4. Very professional and pleasant to patient; highly motivated with excellent psychosocial skills
5. Unusually mature, courteous, and pleasant with patient; highly motivated; outstanding psychosocial skills; a role model for others

Humanism and Professionalism Assessment (10 pts)	Unsatisfactory	Satisfactory			Superior
	1-2	3-4	5-6	7-8	9-10
Oral Presentation Scoring Guide:					
1. Significantly disorganized and unclear; left out important information; unable to adequately synthesize and discuss case					
2. Below average ability organization and/or ability to synthesize case compared to peers; poor knowledge base					
3. Average organization and synthesis compared to peers; average knowledge base					
4. Clear, fluent, and well-organized; more concise than average; good synthesis and knowledge base					
5. Exceptionally clear and organized; concise and accurate; outstanding synthesis and discussion					
Oral Presentation Assessment (10 pts)	Unsatisfactory	Satisfactory			Superior (Top 10%)
Organization/Clarity	1	2	3	4	5
Clinical Reasoning	1	2	3	4	5

Other general comments/feedback:

Case Complexity Designation:

1. Straightforward neurologic history, PMH of moderate complexity or less, reasonably good informant
2. Complex neurologic condition, but not long-standing, and/or complicated PMH, and/or moderately challenging informant
3. Long-standing, chronic neurological condition, and/or significantly complex PMH, and/or significantly challenging informant

Overall:	Unsatisfactory	Satisfactory
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