Survey:	Site Visitor York PA Final Evaluation Feedback
Reviewer:	Preceptors (Dr. Davidson)
Reviewee:	Students (Liang, Tiffany)
Survey Period:	11/5/2022
Completed:	11/5/2022 12:38:30 PM ET

1. Please evaluate the student in the following areas. Any additional comments can be provided in the comments section below.
Eliciting a Medical History:
Patient identifying information provided (age, sex, occupation, source/reliability, CC).
History of Present Illness (onset given properly; description clear, complete, chronological, coherent).
Past Medical History (childhood illnesses, prior hospitalizations, major illnesses, surgeries, allergies, medication history, Ob/gyn if appropriate).
Family History (health status of parents, siblings, and/or children, inherited diseases in family, family history of major diseases).
Social History (race, occupation/social situation, alcohol, smoking, recreational drug use).
Review of Systems (content appropriate for age and CC, coherent sequence).
Demonstrates the ability to write a thorough and/or focused medical note.

Above Average
Additional Comment: **Substantial improvement from the first to the last H&Ps**

2. Please evaluate the student in the following areas. Any additional comments can be provided in the comments section below.
Documentation of a Physical Exam:
Documents a thorough physical exam.
Documents an appropriate physical exam.
Interprets findings of the physical exam (positive and negative findings).

Above Average
Additional Comment: **Improvement here as well. Still needs to work on expanding the PE to assess the areas of chief concern**

3. Please evaluate the student in the following areas. Any additional comments can be provided in the comments section below
Clinical Knowledge and Reasoning:
Presents the patient in an organized structure in oral and written manner (demonstrates integration of information, relevance of findings).
Demonstrates broad knowledge base.
Demonstrates the ability to understand normal physiology and relates it to the disease state presented.
Demonstrates an understanding of the pathophysiology involved.
Demonstrates an active learning process (reads recent journals, seeks various sources).
Develops skill in developing Differential Diagnosis & Final Diagnosis (ability to list three or more diff dx in order of likelihood and to support these with presenting hx, PE, etc).
Orders & Interprets Lab & Diagnostic Studies (also admission orders, consultations/referrals).
Demonstrates ability to integrate ancillary studies with other findings (relevance of lab and other test results).
Develops Appropriate Management Plan (may include operative note, post-op orders follow-up plans, consultations/referrals).
Provides critique of the evaluation and management of the patient.
Provides Appropriate Patient Education (including meds. discharge plans, culturally sensitive).

Above Average
Additional Comment: **Demonstrates good understanding of geriatric medicine issues. More work needed to tailor the H&P to the chief concerns and then reflect that additional data in the discussion under Assessment and Plan**

4. History and Physical Exam Write-ups:
Case #1:

Good capture of information regarding the hospitalization – however it could use a little better sequence. Note that this patient has some problems not noted in the HPI or PMH. Also we don't have an understanding of why he needs a cane to ambulate. In a patient with mobility issues, the screening MSK and Neuro exam aren't sufficient – need assessment in the history and PE regarding current function and specifics of joint function and neuro findings in the LEs. Lastly need additional items in the problem list and assessment of their status. This then leads into the plan for these items. You have a lot of the information present, but it needs to be a little more structured. Let's discuss next time if that isn't clear.

5. History and Physical Exam Write-ups:
Case #2:

Good structure, good assessment using data. The presenting complaint is SOB and recent hospitalization for asthma. Therefore, a more complete history of her asthma control and her SOB symptoms would be really important. Is it common for her to need to visit the hospital/ED for her asthma? Have her symptoms changed from her usual? What else is different in her life? Also, it's not clear whether she was solely relying on her rescue inhaler previous to this visit or if the Singulair was already prescribed (possibly since the hospitalization?). The sequence of events would help clarify what's going on. As you point out in your DDx, it would also be important to determine whether her cardiac condition is contributing to her SOB and that needs to be reflected in your history as well.

6. History and Physical Exam Write-ups:
Case #3:

NR

7. History and Physical Exam Write-ups:
Additional Write-ups as applicable:

Overall well done. Good capture of most information, good sequence and structure, very succinct. As discussed, need more information about the hip itself and the particulars of the pain. Additional DDx's need to be considered. Also note that when you use a template, there is a danger of recording findings as normal when they are not – see my comments below.

8. Journal Article - (Peer-reviewed journal, relevance, student demonstrates comprehension of the material, organized presentation)
Comments:

Interesting and relevant article from good journal and recent pub. date. Good discussion.

9. Procedure log reviewed with student:

- **Yes**

Additional Comment: Did not review the physical log, but did discuss the procedures available: injections, EKGs, venipuncture, geriatric assessment

10. Pharmacology Cards:
Overall presentation and knowledge

Above Average
Additional Comment: **Good discussion**

11. Please evaluate the student in the following areas. Any additional comments can be provided in the comments section below
Professional behavior:
Wears proper identification as a student.
Professional appearance.
Demonstrates respect for faculty and program personnel (responds to communication).
Demonstrates sensitivity to patients' cultures and background.
Demonstrates appropriate willingness to learn and accept feedback.
Demonstrates initiative in increasing the knowledge base and clinical acumen.
Demonstrates appropriate willingness to learn and accepts feedback.

Outstanding

12. Suggested Overall Grade:

- **A**

13. Site Related Questions:

Adequate number of patients	**Yes**	
Adequate variety of patients	**Yes**	
Opportunities for procedures	**Yes**	
Regular meetings with preceptor, in addition to feedback	**Yes**	
Availability of lectures and conferences, with access to resources	**No**	
Bedside teaching	**Yes**	
Appropriate assignments (presentations, exams)	**Yes**	
Safety/security of site	**Yes**	

14. Comments (Student's Strengths, Areas for Improvement, Suggestions):

Demonstrated good progress in this rotation. Strong command of the basic skills for H&P, good discussions of priorities for care. Needs to work more on tailoring the Hx and PE to the chief concerns, expanding them to explore the specific concerns more fully

15.
Please sign electronically by typing your name (first & last name, credentials) in the text box below. Please be sure to include your contact information.

Emily J. Davidson, PA-C, DC

Response as of 11/6/2022 1:00:40 PM ET