

# UNIVERSITY *of* MISSOURI

SCHOOL OF MEDICINE

OFFICE OF THE DEAN - MEDICAL EDUCATION

## MEDICAL STUDENT PERFORMANCE EVALUATION

for

### **JEFFERY JUSTIN STUDENT**

November 1, 2004

#### **IDENTIFYING INFORMATION**

Jeffery Justin Student is a fourth-year student at the University of Missouri-Columbia School of Medicine.

#### **UNIQUE CHARACTERISTICS**

Jeffery was selected as a senior in high school to join the Conley Pre-professional Scholars Program, a program offering assured medical school admission to a very limited number of exceptional high school seniors (and a few college freshmen), provided they maintain undergraduate program requirements. In recognition of his academic accomplishments, Jeffery was elected to Alpha Omega Alpha (AOA) Medical Honor Society his junior year and serves as President of the local chapter. Additionally, he has received the Alpha Omega Alpha General Scholarship. He was president of his medical school class during his first year, was a member of the Medical Student Advisory Committee. He was awarded the Society for Academic Emergency Medicine Award for demonstrating excellence in the specialty of emergency medicine.

Jeffery passed the United States Medical License Examination (USMLE) Step 1 with a score of 263.

#### **ACADEMIC HISTORY**

Date of Expected Graduation from Medical School:	May 13, 2005
Date of Initial Matriculation in Medical School:	August 6, 2001
Was this student required to repeat or otherwise remediate any coursework during his medical education?	No



Was this student the recipient of any adverse action(s) by the medical school or its parent institution?

No

## **ACADEMIC PROGRESS**

### **Preclinical//Basic Science Curriculum:**

During the preclinical years, Jeffery's performance was solid. Faculty described him as a powerhouse, who has an innate sense of what is going on. His performance was thoroughly professional at all times, and it was predicted he'd be a star. He was hard-working, enthusiastic, courteous, efficient, and highly participatory. In addition to his required preclinical courses, Jeffery participated in the AHEC Summer Fellowship program, spending two months in Poplar Bluff, Missouri, with a preceptor following his first year of school.

### **Core Clinical Clerkships and Elective Rotations:**

Comments regarding Jeffery's performance on the clinical clerkships are given below in chronological sequence. Overall performance is graded as Honors (H), Letter of Commendation (LC), Satisfactory (S), and Unsatisfactory (U). House officer potential is assessed with a range of 1-Outstanding to 5-Unsatisfactory. Rotations taken off-site as part of our Rural Track Program are designated Rural Track. Because of the close contact between faculty and students, we feel the narrative section of the evaluations adds a special validity to the overall evaluation of the student. Since accuracy is the goal of this letter, no effort has been made to selectively include positive comments and/or exclude negative comments about the student. Whenever possible, comments have been reproduced verbatim. Some comments may have been edited, however, to eliminate redundancies or to enhance clarity. Where editing has occurred, every effort has been made to maintain the intended meaning of the comment.

### **Obstetrics/Gynecology (LC, 1)**

Jeffery was recognized as a standout in his group. He was a hard worker with good knowledge base. He was always eager to apply his knowledge and skills in trying to assist where needed. He was pleasant to work with and established good patient rapport. A faculty member recognized him as receptive to teaching opportunities. His evaluations were unanimously excellent and many expressed an interest in having him work with us in the future.

### **Child Health (H, 1)**

I was impressed with his very organized, to the point, patient presentation. All the work he delivered was excellent. He was fun to be around and has a very practical approach to medicine. Jeffery is enthusiastic, bright, hard working, personable, and willingly accepts responsibility. His "people-skills" are admirable. He will become a compassionate physician. Jeffery took a genuine interest in parental teaching of newborn care. He will make a fine house officer in whatever field he chooses. Jeffery Student has genuine clinical talent, an inquiring mind, and is a good critical thinker.

### **Internal Medicine (H, 1)**

Very enthusiastic student. Well prepared for his presentations and read in great detail about his patients. Jeffery's histories and physical examinations are accurate and complete. His progress notes are clinically relevant and contribute to patient care. His patient presentations are insightful, organized, and concise. His patient management discussions display a mature grasp of the key issues of patient care. Jeffery is already functioning at the level of a good beginning intern. A bright, industrious, and friendly student, Jeffery has excelled in every aspect of this rotation. He has shown great initiative in seeking out responsibilities and has proved to be absolutely reliable. His interpersonal skills are exceptional, relating equally with the patients and other health care professionals. He is an ideal house officer candidate.

### **Family Practice (H, 1)**

"Good histories. Nice job of following up on issues. Very motivated. Interested in patients and gaining new knowledge. Thoughtful. Appropriately focused. Good with patients – listens well and quickly establishes rapport. Performed accurate/efficient histories and physicals and developed very reasonable differentials and plans that were practical and well thought out. Will be an outstanding physician in any specialty." (Attending) "Related well to patients and elicited concerns. Continued to improve his patient education skills throughout the month. Very good student. Developed good working relationship with staff and other providers. Patients responded well to him." (Community Preceptor) "Has a superior knowledge base. He often had come early and previewed patient charts to be up to date. Very cognizant of abnormalities on physical exam. A friendly and outgoing nature made him particularly effective with patients who often did not feel well." (Resident)

### **Surgery (H, 1)**

Overall, histories and physical examinations are characterized as very good to excellent. Excellent review of patient's presentation and findings. Excellent overview of pathophysiology and treatment. In the operating room, Jeffery was knowledgeable, up-to-date, attentive, and has good skills. Excellent job in OR; very helpful and interested. It was a pleasure to teach Jeffery. He had prepared well and understood the procedure and pathology. During the rotation, he was very eager, very helpful and very reliable. Always well read prior to procedures; appropriate. Excellent student in all respects.

### **Psychiatry (H, 1)**

"Jeffery is very bright, dedicated and energetic. Good bedside manner. Interested, good questions. Good house officer potential. Pleasant to work with." (Attendings) "Jeffery exhibited good patient rapport, physical exams skills and seemed interested in both their psychiatric needs and treatment." (Resident)

**Neurology (H, 1)**

Easy to work with and works well with patients. He is reliable and trustworthy. Has potential for becoming a good physician.

**Elective – Emergency Medicine, (H, 1)  
Cooke County Hospital, Chicago, IL**

Nice job on laceration repair. Good histories and physical examinations. Excellent cosmetic repair; facial lacerations. Good with procedure. Able to make assessments and plans; excellent documentation. Good attitude. Motivated. Enthusiastic. Managed work load of intern. Compassionate; team player; eager to learn. Very thorough. Great job. Best student in years.

**Elective – Emergency Medicine, (H, 1)  
St. Eligius Medical Center, Boston, MA**

Direct, logical and clear-thinking; has ability to make decisions and think quickly. Excellent technical skills and easy willingness to assume responsibility for them. Well above average knowledge base. Jeffery is extremely personable, level-headed, direct and likable. Jeffery is bright, directed, and even-tempered. He will do very well in a busy department. He is the type of student who will simply transition to residency with ease, assuming responsibility and creating little problems.

**SUMMARY**

Jeffery has an outstanding academic record, demonstrates excellent personal qualities, and he has been involved in extra-curricular activities. Jeffery's performance as a medical student has been evaluated as exemplary.

For the Dean,

Rachel M. A. Brown, M.D.  
Associate Dean for Student Programs

For the Committee,

John W. Gay, M.D.  
Associate Professor of Clinical Obstetrics  
and Gynecology

GRADE DISTRIBUTION IN THE BASIC SCIENCE COURSES FOR THE CLASS OF 2005

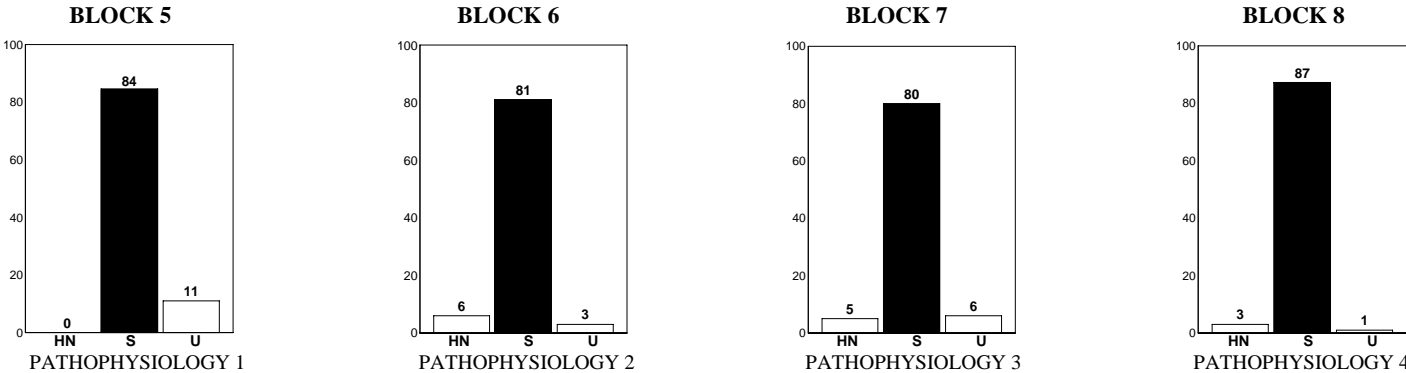
All courses in the 1st year are graded Satisfactory/Unsatisfactory. Honors are introduced in the 2nd year.  
This student's grades are shown by the shaded areas in the charts.

YEAR 1: 2001-02

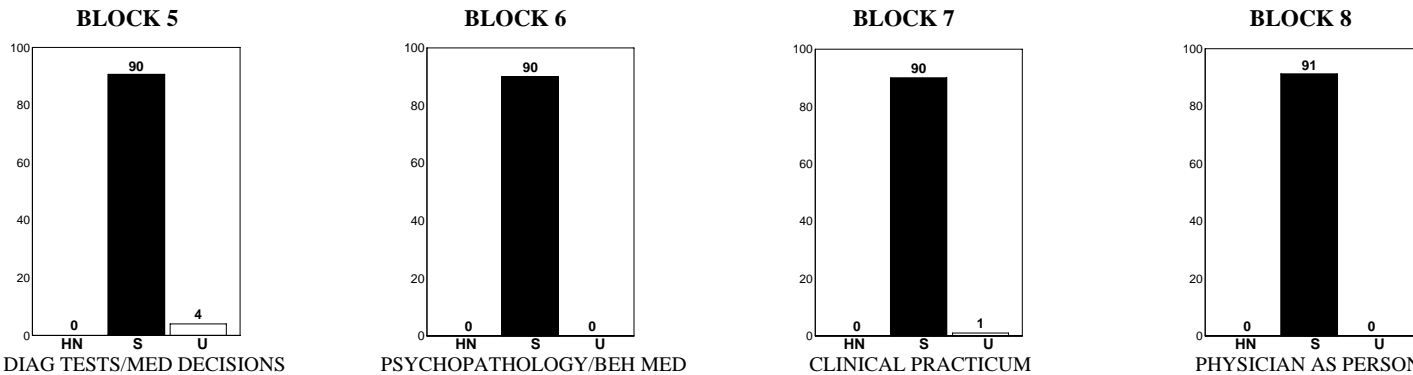
This student received a Satisfactory grade in all 8 courses.

YEAR 2: 2002-03

Basic Science/Problem-Based Learning



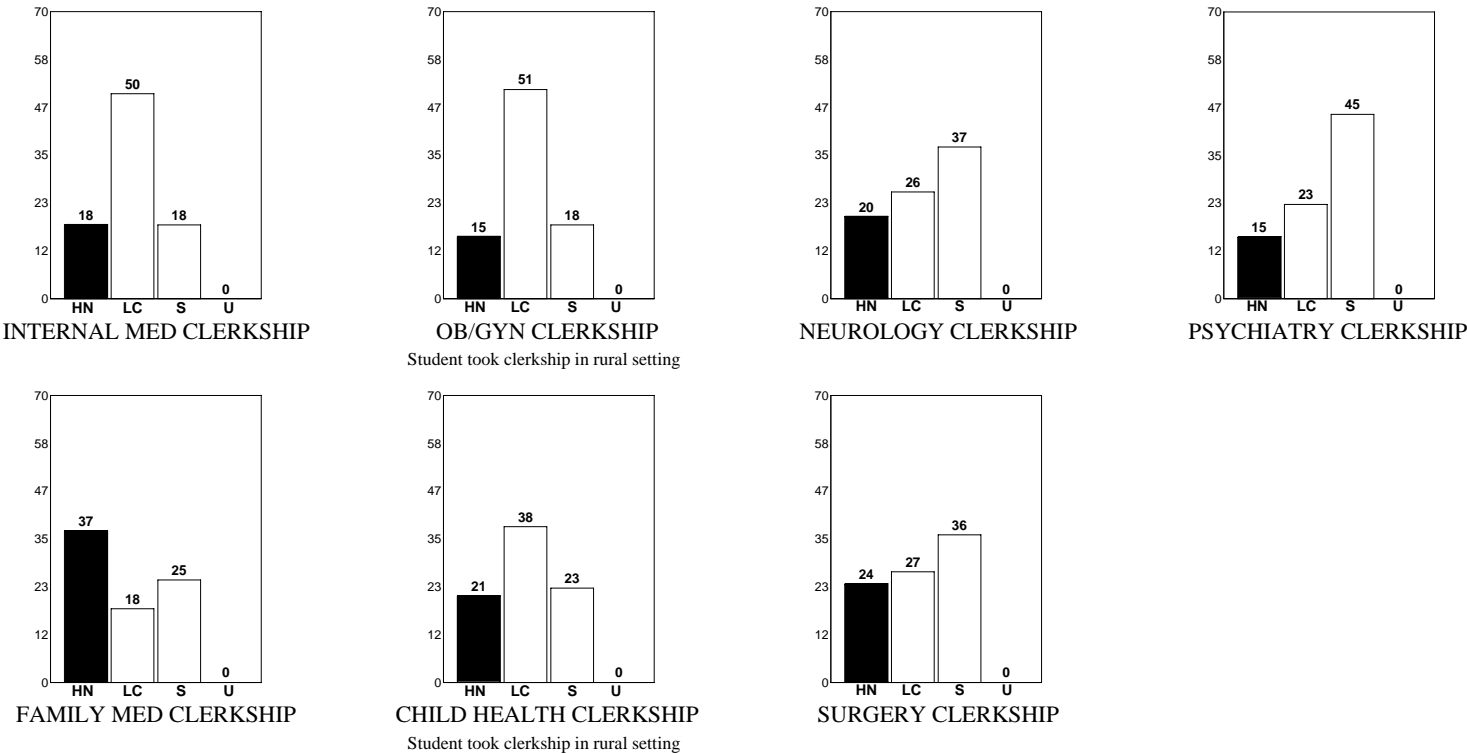
Introduction to Patient Care



GRADE DISTRIBUTION IN THE CLINICAL CLERKSHIPS FOR THE CLASS OF 2005 (As of 10/1/2004)

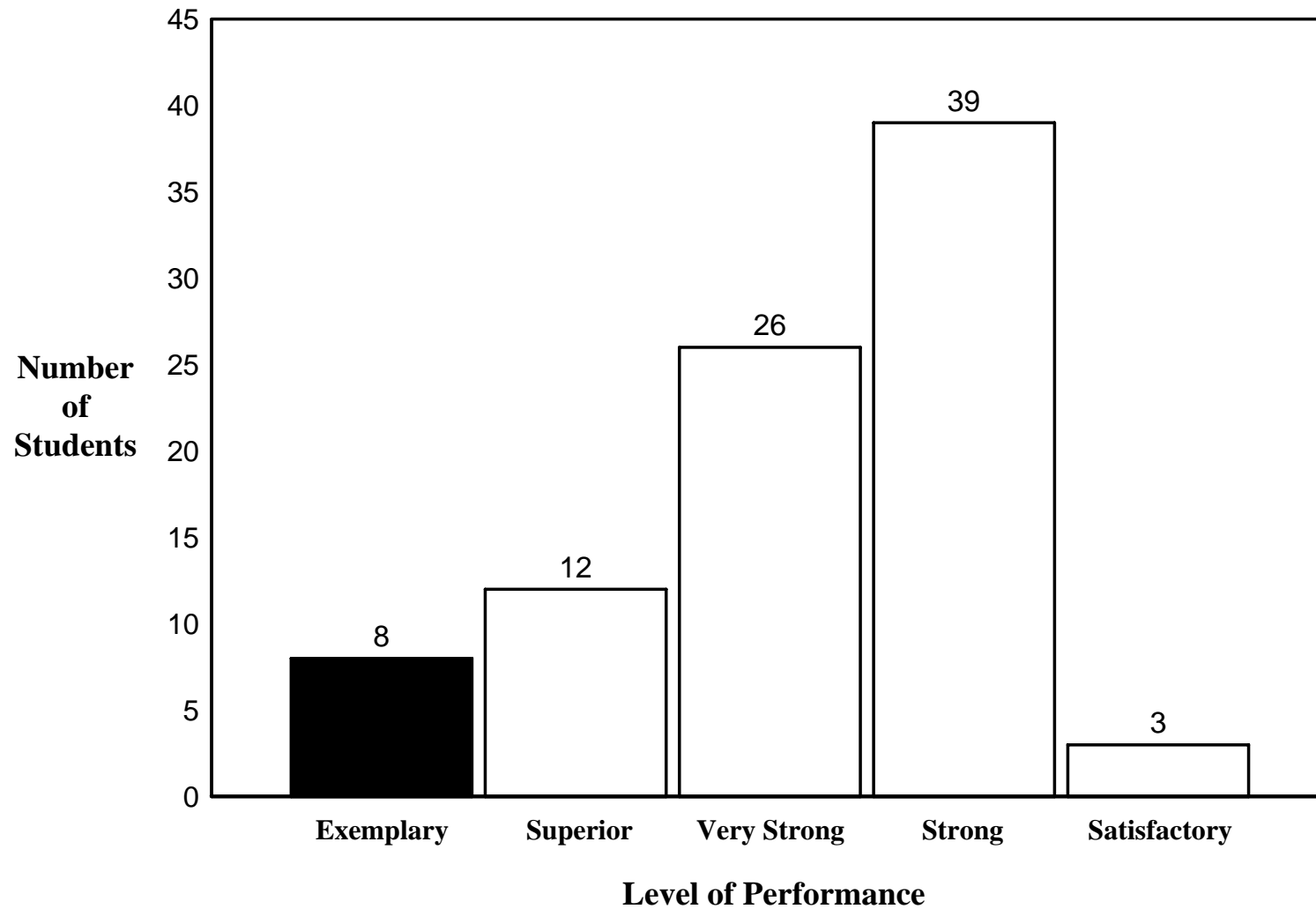
Third year grades are Honors, Letters of Commendation, Satisfactory, & Unsatisfactory. This student's grades are shown by the shaded areas in the charts.  
Empty charts indicate this student has not yet taken the clerkship rotation; thus, aggregate data is not provided.

YEAR 3: 2003-04



**Appendix D**  
**University of Missouri - Columbia School of Medicine**  
**Class of 2005**

**Overall Comparative Performance in Medical School**



**The shaded area on the chart indicates the Level of Performance for Jeffrey Student**

**Appendix E**  
**Medical School Information Page**  
**University of Missouri-Columbia School of Medicine**  
**Columbia, Missouri**

*Special programmatic emphases, strengths, mission/goal(s) of the medical school:*

The University of Missouri's Board of Curators has charged the medical school in Columbia to graduate significant numbers of primary care physicians who will someday practice in rural areas of the state. No precise numerical quota was established; however, and the school retains its identity as a comprehensive medical school, sending graduates into all specialty and subspecialty areas. The Curator's rural charge is being met primarily through a preadmissions program that selects 10-15 applicants each year who come from small rural Missouri communities and who express a desire to eventually return to such a community to practice primary care medicine. During medical school, these pre-selected students participate in a special Rural Track, described below.

*Special characteristics of the medical school's educational program:*

The First Two Years: Traditional first- and second-year basic science courses were eliminated and replaced by 10 week "blocks" which present the content of the various basic sciences in an integrated manner, with clinical cases providing organizational structure. Problem-based learning in small tutorial groups, complimented by traditional lectures and laboratory experiences, became the curriculum's foundation. Learning objectives for the first two years of medical school were developed and divided into eight (8) blocks. Each block consists of ten (10) weeks, with eight (8) weeks of study followed by a ninth week of student evaluation and a tenth week of free time. Blocks 1 - 4 comprise the first year of medical school, and Blocks 5 - 8 comprise the second year. Two (2) components run through the eight (8) blocks: Basic Science/Problem-Based Learning (BS/PBL), and the Introduction to Patient Care (IPC)/

Year One - The BS/PBL : **Structure and Function of the Human Body.**

**Block 1 – Structure/Function of the Body 1.** The emphasis in the first block is on molecular biology, biochemistry, genetics, embryology, histology, and gross anatomy.

**Block 2 – Structure/Function of the Body 2.** The focus turns to metabolism, and pulmonary, cardiovascular, gastrointestinal, renal, and respiratory physiology

**Block 3 – Structure/Function of the Body 3.** The third block introduces the student to the neurosciences—neuroanatomy, neurophysiology and neuropharmacology.

**Block 4 – Structure/Function of the Human Body 4.** The final block of the first year emphasizes the areas of hematology, reproductive structure and function, endocrine, microorganisms, immune response, and pharmacokinetics.

The Introduction to Patient Care (IPC)

**Block 1 – Interviewing and the Patient History.**

**Block 2 – Physical Examination**

**Block 3 – Psychosocial Aspects of Medicine**

**Block 4 – Epidemiology and Preventive Medicine**

Ambulatory Care Experience (ACE) is included in Blocks 2 through 4. Each student spends a half-a-day, twice a month, with a faculty- or community physician-preceptor.

Year Two - The BS/PBL: **Pathophysiology.**

**Block 5 – Pathophysiology 1.** The first block of the second year covers cell injury, hemodynamic disturbances, genetics disorders, and autoimmune disease, immune deficiency and hypersensitivity.

**Block 6 – Pathophysiology 2.** This block focuses on cardiovascular, respiratory, blood disorders, and nutritional diseases.

**Block 7 – Pathophysiology 3.** This block covers gastrointestinal, liver, endocrine, renal, and genitourinary diseases.

**Block 8 – Pathophysiology 4.** The eighth block concludes the basic science/PBL units of the first two years with the study of clinical microbiology, antibiotics, reproductive pathology, musculoskeletal, skin, and nervous system disorders.

The Introduction to Patient Care (IPC)

**Block 5 – Diagnostic Tests and Medical Decisions.** This unit covers diagnostic tests, imaging, tests of function, differential diagnosis, iterative hypothesis testing and clinical decision-making.

**Block 6 – Psychopathology/Behavioral Medicine.** The sixth IPC block covers normal psychosocial development, psychopathology, psychotherapy, psychopharmacology, when to refer, and psychosocial factors in aging.

**Block 7– Clinical Skills.** The focus in this block is on charts and notes, admission orders, prescription writing, adult and pediatric nutrition, venipuncture, infection control, IV access, fluids and electrolytes, arterial blood gases, intubation, lumbar puncture, catheterization, and studies in ophthalmology.

**Block 8 – Doctor as a Person.** Introduction to Patient Care concludes with a look at issues of lifestyle balance, stress, careers in medicine, culture and health care, patient safety and the changing health care system.

In addition, second year students have Advanced Physical Diagnosis (APD) throughout the second year in which pairs of students are assigned to faculty physicians and residents and/or fellows for the entire year learning history and physical examination skills and clinical reasoning.

The Clinical Years: The clinical curriculum consists of seven core clerkships, three advanced clinical selectives, an Advanced Biomedical Sciences (ABS) selective and general electives.

Rural Track: Students in the Rural Track have a rural clinical experience between the first and second years of medical school. Rural hospitals sponsor these clinical experiences, and students are assigned to a community physician. A small stipend and living accommodations are provided by the hospital. During the third year of medical school, students spend up to six months at one of the rural education centers that have been created by the school. Selected core clerkships and electives may be taken at a rural site depending on the resources of the local medical community. The term RURAL appears in the student's evaluation with the name of the clerkship or elective taken as part of this program.

*Average length of enrollment (initial matriculation to graduation) at the medical school:* The average length of enrollment is four (4) years. Very rarely, graduation for some students will exceed this time.

*Description of the evaluation system used at the medical school:* Blocks 1 - 4 are graded as Satisfactory or Unsatisfactory. Blocks 5 - 8 are graded as Honors, Satisfactory, or Unsatisfactory. Performance in the clinical years is graded as Honors (H), Letter of Commendation (LC), Satisfactory (S), and Unsatisfactory (U). House officer potential is assessed with a range of 1-Outstanding to 5-Unsatisfactory.

*Medical school requirements for successful completion of USMLE Step 1, 2: (check all that apply):*

USMLE Step 1:	<input type="checkbox"/>	Required for promotion
	<input checked="" type="checkbox"/>	Required for graduation
USMLE Step 2 (CK & CS):	<input type="checkbox"/>	Required for promotion
	<input checked="" type="checkbox"/>	Required for graduation

*Medical school requirements for successful completion of Objective/Observed Structured Clinical Evaluation (OSCE) at medical school. OSCEs are used for (check all that apply):* Not applicable.

*Utilization of the course, clerkship, or elective director's narrative comments in composition of the MSPE. The narrative comments contained in the attached MSPE can best be described as (check one):*

<input type="checkbox"/>	Complete and unabridged
<input type="checkbox"/>	Selected, but verbatim
<input checked="" type="checkbox"/>	Abridged and edited – Where editing has occurred, every effort has been made to maintain the intended meaning of the comment.

*Utilization by the medical school of the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts." This medical school is (check one):*

<input checked="" type="checkbox"/>	Completely in compliance with Guidelines' recommendations, except for the absence of an Appendix C (Comparative Performance in Professional Attributes)
<input type="checkbox"/>	Partially in compliance with Guidelines' recommendations.
<input type="checkbox"/>	Not in compliance with Guidelines' recommendations

*Description of the process by which the MSPE is composed at the medical school:*

The evaluation is composed by a committee of clinical faculty members, acting for the Dean of the School of Medicine. The evaluation is based upon narrative reports from the faculty in each preclinical block and each clinical clerkship and elective rotation. The evaluation includes personal information provided by the student. Every effort has been made to assure the fairness, accuracy, and honesty of this letter.

*Students are permitted to review the MSPE prior to its transmission (check one):*

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No