

## TCP Student Assessment Rubric

Undeveloped Competencies	Emerging Competencies	Developing Competencies (expected at the level of attainment in TCP)
<b>Medical Expert</b>		
Lacks knowledge of key basic science concepts related to common maladies	Struggles to relate basic science principles to common or urgent clinical problems	For basic problems: Relates basic science principles to clinical problems.  For other common and urgent problems, struggle to relate basic science principles to clinical problems
Histories are overly detailed or perfunctory	Histories are disorganized and overly detailed. Focus is on a questionnaire approach	For basic problems: Able to take a systemic and accurate medical history that generally focuses on one hypothesis
PE are overly detailed or perfunctory. Maneuvers are incorrectly performed.	PE maneuvers are adequately performed.	Able to perform a systemic PE. Explains actions to the patient.
Unable to identify patient's chief complaint	May have some difficulty identifying chief complaint when multiple problems exist. Unable to identify some major patient problems.	Identifies the patient's chief complaint or primary reason for consultation. Identifies some major patient problems.
For the chief complaint: Unable to come up with differential diagnosis	For the chief complaint: Considers 1-2 diagnostic possibilities only	For the chief complaint: Considers some common and dangerous diagnostic possibilities
Plans of investigations do not relate to chief complaint	For basic problems: Plans of investigations relate to chief complaint.	For common problems: Plans of investigations relate to the chief complaint but are incomplete and not prioritized.
For basic problems: Unable to interpret results of common diagnostic and screening tests	For basic problems: Identifies an abnormal result of common diagnostic and screening tests but doesn't always understand their meaning	For basic problems: Interprets results of common diagnostic and screening tests

Written documents are disorganized and lack key information	Written documents are organized according to McGill template, but information is not always in correct section. Some key information is missing. Lots of irrelevant information	Written documents are organized according to McGill template and information is in the correct section. Some key information is missing. Lots of irrelevant information
Case presentations are perfunctory and lack key information	Case presentations are long, unfocused and simply repeat patient's terms.	Case presentations are organized but overly long or incomplete. At times, able to translate patient's terms into medical terminology.
<b>Communicator</b>		
Condescending, offensive, or judgmental	Polite	Warm and polite
Awkward questioning, exclusive use of leading or closed-ended questions, jargon	Moderately at ease, use appropriate language as well as different types of questions	Generally at ease, uses appropriate language. Sometimes uses open- to closed-ended questions.
Interrupts inappropriately, ignores patient's answers or misses on patient's answers and/or non-verbal cues	Does not interrupt inappropriately. Attentive to patient's answers but does not adapt their questionnaire in response	Attentive and sometimes responsive to patient's answers
For basic problems: Unable to communicate the results of common diagnostic and screening tests	For basic problems: Communicates the results of common diagnostic and screening tests without interpreting	For basic problems: Summarizes and communicates the meaning of results of common diagnostic and screening tests to fellow students and supervisors
<b>Professional and Healer</b>		
Is insufficiently present to the patient or abandons the patient at critical times. Impairs attempts by patients, their loved ones or other members of the health care team to instill hope and/or an appropriate positive outlook		Recognized opportunities to promote healing but may need guidance to best use these opportunities.
Aspects of the student's observed behaviours are called into question.	Behaves honestly and with integrity.	Behaves honestly and with integrity.
Attendance at academic sessions or for	Is generally reliable and	Is reliable and responsible.

<p>clinical activities is inconsistent, missing sessions or arriving late.</p> <p>Does not always follow the Dress Codes. Appearance is not consistent with a student in a professional Faculty.</p>	<p>responsible, but occasionally needs reminders to complete mandated tasks.</p> <p>Attendance at academic sessions or for clinical activities is consistent and punctual.</p> <p>Follows the Dress Codes. Appearance is consistent with a student in a professional Faculty.</p>	<p>Attendance at academic sessions or for clinical activities is consistent and punctual.</p> <p>Follows the Dress Codes. Appearance is consistent with a student in a professional Faculty.</p>
<p>Is involved with breaches of confidentiality as stipulated by the regulations and professional expectations of the hospital, clinic or other health care setting, as well as clinical simulation centers.</p>		<p>Maintains the confidentiality of patients (including their loved ones) and the information that they have provided or that has been generated on their behalf.</p>
<p>Argumentative or defensive when provided with feedback regarding challenges. Does not demonstrate improvement despite direct feedback.</p>	<p>Initially defensive when provided with feedback but later demonstrates improvement.</p>	<p>Open to feedback on both strengths and challenges. Demonstrates improvement in response to feedback received.</p>
<p>Interrupts, does not listen to others. Makes derogatory comments about other people's ideas</p>	<p>Listens attentively to peers</p>	<p>Listens attentively to peers and other healthcare professionals Interested in understanding peers' ideas, builds on their ideas, offers them helpful suggestions</p>
<p><b>Collaborator</b></p>		
<p>Interrupts, does not listen to others. Makes derogatory comments about other people's ideas</p>	<p>Listens attentively to peers</p>	<p>Listens attentively to peers and other healthcare professionals Interested in understanding peers' ideas, builds on their ideas, offers them helpful suggestions</p>
<p><b>Manager</b></p>		
<p>Disorganized. Struggles with time management. Does not always complete tasks on time</p>	<p>Struggles with time management. Follows up on and completes expected tasks only with reminders and help.</p>	<p>Completes tasks without reminders but somewhat inefficiently</p>
<p><b>Health Advocate</b></p>		

Unaware of risk factors for vulnerability.		Recognizes some risk factors for vulnerability.
<b>Scholar</b>		
Is unaware of salient performance gaps. Does not identify resources to help with these.	Able to identify areas of weakness but cannot identify resources to help address these.	Recognizes own areas of relative weakness in knowledge and skills, but needs prompting and guidance to identify a strategy to address this and take action.
Unsure what topics to read. Unable to apply evidence to clinical cases	Reads only what he/she is told to read. Struggles to apply evidence to clinical cases	Consults literature to address clinical questions. Struggles to apply specific evidence to the individual patient.