



Subject Name

Class of ----
 Rotation: Location
 Evaluation Dates

Evaluated by: **Evaluator Name**
 Class of ----

Pediatric Clerkship - Evaluation of Student

Instructions:

*Comment Required for evaluation scores of 1 and 9

Professionalism

1* Respectfulness

Areas of Concern	Minor lapse in respectfulness	Always respectful	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2* Work Ethic and Dependability

Area of concern. Consistently requires prompting and follow-through is questionable.	Passive Student. Occasionally requires prompting but follow-through is reliable.	Proactive student. Consistently takes initiative and follow through is guaranteed.	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3* Honesty

Area of concern. Has had an episode of dishonesty in communication or patient care.	No concerns for dishonesty.	Student was honest even when it entailed personal risk (e.g. admitting to a mistake, giving due credit elsewhere)	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Care

4 History Taking

1-3 (below expectations): Unable to conduct a history at a 3rd year student level. Gathers either insufficient or overly exhaustive historical information.
 4-6 (at expectations): Obtains a complete and accurate history in an organized manner. Identifies pertinent historical details in common presenting chief complaints.
 7-9 (above expectations): Obtains a complete and accurate history in an organized and efficient manner with unusual insight. Identifies pertinent historical details in the majority of chief complaints and uses alternative historical sources (PCP, pharmacy).

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

5* Physical Exam

1-3 (below expectations): Unable to conduct a pediatric physical exam at a 3rd year student level. Incorrectly performs pediatric physical exam maneuvers. Misses key physical exam findings.
 4-6 (at expectations): Performs a basic pediatric physical exam correctly and recognizes and interprets abnormal findings. May miss subtle findings on occasion.
 7-9 (above expectations): Performs a complete pediatric physical exam in a logical and fluid sequence identifying, describing and documenting even the subtlest abnormal physical exam findings consistently.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

6* Medical Decision Making

1-3 (below expectations): Not able to perform medical decision making at a 3rd year student level. Limited ability to filter, identify and connect pieces of clinical information. Has difficulty elaborating a basic differential diagnosis or management plan.
 4-6 (at expectations): Is able to analyze clinical information in a reasonable manner. Can elaborate a basic differential diagnosis and management plan for routine pediatric problems.
 7-9 (above expectations): Insightful analysis of clinical information. Elaborates a prioritized differential diagnosis and insightful management plan. Integrates emerging information to continuously update the differential diagnosis.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

7* Preventive Care and Health Maintenance

1-3 (below expectations): Demonstrates insufficient knowledge, interest and/or application of pediatric health maintenance and/or disease prevention.

4-6 (at expectations): Actively considers disease prevention and health maintenance when appropriate. Applies evidenced recommendations for health supervision and immunization during most clinical encounters accurately.

7-9 (above expectations): Health maintenance and disease prevention are a priority. Consistently applies evidenced recommendations for health supervision and immunization while weighing patient preferences to make balanced recommendations.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

Interpersonal and Communication Skills

8* With Patient and Family

1-3 (below expectations): Ability to establish rapport & communicate with pediatric patients/families is concerning. Utilizes ineffective communication techniques.

4-6 (at expectations): Establishes good rapport with pediatric patients/families & team members. Adapts communication content and style to audience, location and receiver preference in most situations.

7-9 (above expectations): Establishes excellent rapport with pediatric patients/families and team members. Displays excellent judgment adjusting communication content and style to audience, location and receiver preference in all situations.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

9* Oral Presentations

1-3 (below expectations): Unable to conduct oral presentations at a 3rd year student level. Oral presentations may be disorganized, inaccurate, incomplete or template rigid. May react defensively when interrupted.

4-6 (at expectations): Filters, synthesizes and prioritizes information resulting in concise, organized, accurate presentations. Adjusts presentations to audience (family friendly) and avoids medical jargon when appropriate.

7-9 (above expectations): Delivers outstanding presentations that are complete yet concise, well-organized and with a polished delivery. Consistently adjusts presentations to audience (family friendly), avoids medical jargon and actively engages patients/families and other team members.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

10* Written Medical Record

1-3 (below expectations): Unable to create medical record entries at a 3rd year student level. Documents using a template rigidly without adaption. Documentation is disorganized, inaccurate, incomplete, duplicated (copied) or untimely.

4-6 (at expectations): Creates complete medical record entries without unnecessary details or redundancies. Documentation is organized, accurate and timely for most encounters. Documents clinical reasoning and data interpretation accurately.

7-9 (above expectations): Creates polished medical record entries that are consistently organized, accurate, complete and timely for all encounters. Clinical reasoning documentation is outstanding with insightful interpretation.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

Practice-Based Learning and Improvement

11* Practice-based Learning

1-3 (below expectations): Demonstrates limited application of evidence-based medicine and/or inability to form a relevant clinical question. May not solicit feedback and/or be defensive to suggestions for improvement.

4-6 (at expectations): Develops clinical questions and applies a basic understanding of evidence-based medicine to clinical practice. Solicits basic feedback and seeks to improve performance with guidance.

7-9 (above expectations): Develops well formed, focused, pertinent clinical questions with insightful EBM applicability to patient care. Actively solicits specific feedback based on reflections of knowledge/skill deficiencies and actively improves performance.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
<input type="radio"/>									

Systems-Based Practice

12* Health Care Team

1-3 (below expectations): Prioritizes own goals over team goals. Limited understanding of team member roles besides physicians. A passive team member that requires direction.

4-6 (at expectations): Active, integrated team member. Prioritizes team goals over own goals. Understands team member roles and actively listens to their recommendations.

7-9 (above expectations): Proactive, integrated, selfless team member. Understands all team member roles, seeks and incorporates their recommendations. Actively engages with patient/family and team members to coordinate care.

[1	2	3]	[4	5	6]	[7	8	9]	N/A
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13* Areas of Strength:

14* Strategies for Improvement:

15 Targeted suggestions for Improvement:

- Professionalism: Arrive on time and prepared for all clinical responsibilities.
- History taking: Further develop your ability to obtain histories that contain accurate chronology, depth and accuracy relevant to the patient's chief complaint.
- Physical exam: Continue to practice your pediatric physical exam technique to further develop your ability to identify both key and subtle physical exam findings.
- Clinical reasoning: In order to avoid too narrow or inaccurate differential diagnoses, continue to develop your ability to filter, prioritize and make connections between sources of pertinent clinical information.
- Clinical reasoning: Continue to refine your ability to continuously update a differential diagnosis and management plan based on current and emerging clinical pieces of information.
- Clinical reasoning: Refine your diagnostic evaluations to guarantee that they directly correlate to your prioritized differential diagnosis.
- Preventative care and health maintenance: Make additional recommendations for health supervision and immunizations in your pediatric clinical encounters.
- Interpersonal and communication skills: In the presence of patients or family members, decrease your usage of medical jargon and utilize more "patient friendly" words.
- Oral presentations: Continue to develop your ability to deliver oral presentations that are organized, accurate, complete yet concise.
- Oral Presentations: Incorporate and interpret appropriate diagnostic data into your oral presentations.
- Written medical record: Be sure to document and express your clinical reasoning so team members can understand the thought process of your assessments and plans.
- Written medical record: Incorporate and interpret appropriate diagnostic data into your written notes.
- Written medical record: Further develop your ability to construct organized, accurate, complete and timely notes for your patient encounters.
- Practice-based learning and improvement: Actively apply evidence-based medicine in the context of patient care.
- Practice-based learning and improvement: Actively solicit specific feedback on your clinical performance specifically in areas (knowledge or skills) potentially benefiting from improvement.
- Systems-based practice: Demonstrate more initiative and proactivity in clinical activities.
- Systems-based practice: Engage non-physician health care professionals and team members for patient care recommendations.
- Medical knowledge: Continue to improve your pediatric medical knowledge and application of this knowledge in the clinical care of your patients.

16 As compared to other third year clerkship students, I would rank this medical student's clinical performance as:

bottom 1/3 of their peers	middle 1/3 of their peers	top 1/3 of their peers
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