



Uniformed Services University of the Health Sciences
Department of Pediatrics
Fourth-Year Evaluation
SUB-INTERNSHIP ROTATION

Student Name:

Rank:

Service:

Rotation:

From:

To:

Site:

Course Title and Number:

AREAS OF PERFORMANCE:

	N/A	1	2	3	4	5
1. Quality of patient histories and physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to analyze data, formulates appropriate problem lists/ differential diagnosis, and makes clinical judgments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use of textbooks and journals to expand his/her understanding of the problems, conditions, and procedures involving assigned patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Skill in oral case presentation (brevity, organization, focus on important elements).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fund of knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professional demeanor, including maturity, balance of humor and seriousness, and ethical conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interpersonal relationships with staff, peers, and patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Demonstration of commitment to learning and patient care, including attendance, promptness, and availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RATINGS:

5	=	Outstanding (A)	Indicates exceptional performance
4	=	Above Average (B)	Exceeds expected level of performance
3	=	Acceptable (C)	Meets expected level of performance
2	=	Needs Improvement (D)	Not yet demonstrated expected level of performance, but has shown potential
1	=	Unacceptable (F)	Not yet demonstrated expected level of performance, nor the potential to do so, in spite of counseling
N/A	=	Not Observed	Used only in instances where there is no basis to rate student on area of performance.

NARRATIVE SUMMARY OF OVERALL PERFORMANCE (REQUIRED FOR ALL STUDENTS) Can the student act independently in making a diagnosis, communicating it to the parent, and planning therapy? Please comment on the student's ability to care for patients over a period of time (reliability, data management, problem solving, and ability to work on a team).

(Continue on supplemental page if needed)

(Preceptor Name)

(Date)

Ildy M. Katona, M.D.
CAPT, MC, USN (Ret.)
Professor of Pediatrics and Medicine
Chair, Department of Pediatrics

GRADE:

Letter Grade w/+ or - only



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