



Uniformed Services University of the Health Sciences
Department of Pediatrics
Third-year Clerkship Evaluation (2011-2012)

Student Name: _____ **Rank** _____ **Service:** _____
Rotation: _____ **From:** _____ **To:** _____ **Site:** _____

AREAS OF PERFORMANCE:

	N/A	1	2	3	4	5
1. Quality of patient histories and physical examinations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ability to analyze data, formulate appropriate problem lists/ differential diagnosis, and make 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)** *Exceptional level of performance.*
- 4 = **Above Average (B)** *Exceeds expected level of performance.*
- 3 = **Needs Improvement (C)** *Satisfactory level of performance.*
- 2 = **Needs Remediation (D)** *Marginal level of performance and will require remediation.*
- 1 = **Unacceptable (F)** *Unacceptable level of performance despite feedback and will require remediation.*
- N/A = *Not Observed* *Used only in instances where there is no basis to rate student on area of performance*

Outpatient Grade (30%):

Ward Grade (20%):

Nursery Grade (10%):

NMBE Grade (20%):

Written H&P #1 Grade (2.5%):

Written H&P #2 Grade (5%):

Oral Presentation Grade (5%):

Clerkship Quiz Grade (7.5%):

Final Clerkship Grade:

Narrative summary of performance is attached and includes justification for any "Outstanding," "Needs Improvement," and "Unacceptable" ratings.

This report has been discussed with the student.
 Copy of this report has been provided to student.

yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

 (Signature) _____
(Date)

Erin Balog, LCDR, MC, USN
 Interim Director, Pediatric Clerkship



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