

UTHSC Pediatrics Mid-Clerkship Formative Feedback

Student Name: _____ Faculty Name: _____

Today's Date: _____ Dates worked with the student: _____

Student Self-Assessment (TO BE COMPLETED PRIOR TO MEETING WITH FACULTY): comment on **1-2 strengths and 1-2 areas for improvement** for the remainder of your clerkship. Include **one individual learning or wellness GOAL** for the remainder of the rotation.

Faculty Assessment:

Skill	Concerns Noted	Approaching expectations	Meeting expectations	Exceeding expectations
Obtain an accurate, organized history and physical exam.				
Use clinical reasoning to develop and organize a differential diagnosis.				
Develop management plan including recommendation of appropriate labs, imaging, medications.				
Document clinical encounter that is accurate, organized, and timely.				
Deliver accurate, well-organized oral presentation that can be tailored according to audience and situation.				
Actively engage with and maintain professional interactions with the multidisciplinary team				
Effectively communicate with patients, families, and team members.				

Please comment on 1-2 strengths:

Please list 1-2 recommendations for improvement:

Verification of Case Logs – Please review, discuss with the student, and mark 2-3 of the following required diagnoses and attest that the student has been an active participant in the patient’s care by signing this form.

- Parental Concern: Behavior & Development (sleep, colic, tantrums, developmental delay, ADHD, autism)
- Parental Concern: Growth & Nutrition (FTT, poor weight gain, short stature, obesity, poor feeding)
- Central Nervous System complaint (headache, meningitis, concussion, seizure, ataxia, etc)
- Chronic medical problem (e.g. asthma, T1DM, CP, SCD, CF)
- Dermatological complaint (eczema, SSSS, viral exanthem, urticaria, contact dermatitis, RMSF, seborrhea, etc)
- Emergent clinical problem (shock, DKA, encephalopathy, burn, abuse, trauma)
- Gastrointestinal complaint (gastroenteritis, pyloric stenosis, appendicitis, intussusception, HSP, GERD)
- Musculoskeletal complaint (trauma, infection, inflammation, overuse)
- Respiratory complaint (upper or lower respiratory tract)
- Unique condition (neonatal jaundice, fever without a source, autoimmune disease, UTI, systemic viral illness)

Observed H&P:	Completed	Not yet completed
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Clinical Skills Rubrics:

Developmental Assessment	Completed	Not yet completed
Otosopic Examination	Completed	Not yet completed

Student Signature _____ Faculty Signature _____