

## USUHS Pediatric Clerkship Oral Presentation Outline and Grading Form

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

The following items are provided as a checklist when grading the student's oral presentation. Components of the Subjective and Objective sections should include focused and relevant information, and the entire presentation should take less than 10 minutes. **Please give feedback to the student verbally and in the spaces provided below.**

<b>CC</b>	<input type="checkbox"/> Age of patient <input type="checkbox"/> Reason for Visit (in patient's own words) <input type="checkbox"/> Length problem/illness/concern	<b>O</b>	<input type="checkbox"/> Vital signs <input type="checkbox"/> Growth parameters <input type="checkbox"/> General statement of appearance <input type="checkbox"/> Directed physical exam with all pertinent positives/negatives
<b>S</b>	<i>History of Present Illness</i> <input type="checkbox"/> Chronology of events <input type="checkbox"/> Pertinent positives/negatives <input type="checkbox"/> Review of systems		<input type="checkbox"/> Labs (if relevant) <input type="checkbox"/> Radiology studies (if relevant)
		<b>A</b>	<input type="checkbox"/> Assessment/summary <input type="checkbox"/> Problem list (if relevant) <input type="checkbox"/> Differential diagnosis
	<i>Past Medical History</i> <input type="checkbox"/> Significant illnesses <input type="checkbox"/> Chronic medical conditions <input type="checkbox"/> Hospitalizations/surgical history/injuries <input type="checkbox"/> Medications <input type="checkbox"/> Allergies <input type="checkbox"/> Immunizations <input type="checkbox"/> Family History <input type="checkbox"/> Social History	<b>P</b>	<input type="checkbox"/> Diagnostic Evaluation <input type="checkbox"/> Therapeutic intervention <input type="checkbox"/> Patient education/instructions <input type="checkbox"/> Follow up
	<i>If Relevant to chief complaint:</i> <input type="checkbox"/> Perinatal history <input type="checkbox"/> Developmental history <input type="checkbox"/> Educational performance <input type="checkbox"/> Travel history <input type="checkbox"/> Dietary history <input type="checkbox"/> Environmental/human/animal exposures <input type="checkbox"/> Other?	Notes:	

**Oral Presentation Delivery**

(Eye contact, clarity of speech, pace of presentation, use of appropriate medical terms, dependency on notes)

**Feedback and student response:**

<b>GRADE:</b>
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