



**Uniformed Services University of the Health Sciences
Third-year Pediatrics Clerkship
AY 2010-11**

SITE DIRECTOR CHECKLIST

Student Name: _____

Rotation: _____

Site: _____

The following checklist documents that student feedback, counseling, and assessments of the need for remediation occurred regularly during the 6-week clerkship.

ORIENTATION

- ___ Reviewed completed *Student Profile*
- ___ Briefed on NBME, need for study plan
- ___ Briefed on expectations for Written Inpatient H&Ps
- ___ Briefed on expectations for graded Oral Presentation
- ___ Briefed on expectations for CLIPP cases
- ___ Briefed on expectations for Health Supervision cases/discussions
- ___ Reviewed *Core Patient/Problem Checklist* requirement
- ___ Briefed on Clinical Weblog entry and expectations
- ___ Briefed on Clinical Passport

3RD WEEK

- ___ Reviewed *Clinical Passport* and assessed for completion
- ___ Developed remediation plan with student (if needed)
- ___ Mid-Rotation Feedback Session

Student Initials _____ Date _____

5TH WEEK

- ___ Reviewed *Clinical Passport* and assessed for completion
- ___ Developed remediation plan with student (if needed)
- ___ Week 5 Feedback Session

Student Initials _____ Date _____

END OF CLERKSHIP

- ___ Discussed End-of-Clerkship evaluation requirement
- ___ Student turned in Clinical Passport
- ___ End-of-Clerkship Feedback Session

Student Initials _____ Date _____

Site Director Signature: _____ Date: _____
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