

**USUHS Third-Year Pediatric Clerkship
Comprehensive H&P / Clinical Discussion Grading Form**

Student: _____ **Evaluator:** _____ **Round:** ____ **H&P: 1 / 2**

NOTES

ID & CC	<input type="checkbox"/> Succinct (in patient's own words if possible) <input type="checkbox"/> ID (age, gender, underlying condition)		
HPI	<input type="checkbox"/> Pertinent signs and symptoms in chronological order <input type="checkbox"/> Pertinent past history, therapies <input type="checkbox"/> Complete pertinent positives and negatives for diff dx		
PAST MED HX	<input type="checkbox"/> Hospitalizations, surgeries, serious illnesses, meds, allergies <input type="checkbox"/> Neonatal hx if relevant, diet, developmental hx as appropriate for age <input type="checkbox"/> Immunization status		
FAM HX	<input type="checkbox"/> Pertinent positive and negative info about diseases/diagnoses in extended family <input type="checkbox"/> Current health status of parents and siblings		
SOC HX	<input type="checkbox"/> Current living arrangements and caregivers <input type="checkbox"/> School performance <input type="checkbox"/> HEADDSS interview if adolescent		
ROS	<input type="checkbox"/> Includes all relevant positive and negative information, with attention to pediatric-specific data		
PE	<input type="checkbox"/> Vital signs <input type="checkbox"/> Growth measures with %s <input type="checkbox"/> General description without stock phrases <input type="checkbox"/> All systems in appropriate detail with pertinent positive and negative findings		
LABS & IMAGING	<input type="checkbox"/> Includes all results and indicates normal and significant abnormal results <input type="checkbox"/> Interprets abnormal results		
PROBLEM LIST	<input type="checkbox"/> Lists all problems (signs, symptoms, known diagnoses) in order of priority		
DIFFERENTIAL DX	<input type="checkbox"/> Develops several reasonable differential diagnoses for the problem list with a brief discussion of each		
ASSESSMENT & PLAN	<input type="checkbox"/> Succinctly states an overall assessment based on the discussion of the differential diagnosis <input type="checkbox"/> Outlines a logical plan for admission <input type="checkbox"/> If available, include a brief hospital course and follow-up		
CLINICAL QUESTION	<input type="checkbox"/> Articulates a specific clinical question relating to diagnostic tests, therapy, or prognosis of most likely diagnosis (please review Clerkship Handbook, p. 22 for details about clinical questions)		
BEST AVAILABLE EVIDENCE	<input type="checkbox"/> Includes at least 3 appropriate references (relevant, current, not <i>UpToDate</i> or <i>eMedicine</i>) <input type="checkbox"/> Integrates information from references with patients' clinical condition to answer clinical question		
OVERALL	<input type="checkbox"/> Uses appropriate medical terminology? <input type="checkbox"/> Clear, concise sentences? <input type="checkbox"/> Grammar and punctuation? <input type="checkbox"/> Organized, easy to read and to follow clinical reasoning?	<table border="1"> <tr> <td>GRADE: _____</td> </tr> </table>	GRADE: _____
GRADE: _____			