

WARD MID-ROTATION FEEDBACK: I have provided <u>mid-rotation</u> feedback to the student, to include areas of strength and improvement. I would rate the student's performance as: <input type="checkbox"/> Below Expectations <input type="checkbox"/> At Expected Level <input type="checkbox"/> Above Expectations _____ Ward Attending or Resident Signature/Date	WARD END-ROTATION FEEDBACK: I have provided <u>end-of-rotation</u> feedback to the student, to include areas of strength and improvement. I would rate the student's performance as: <input type="checkbox"/> Below Expectations <input type="checkbox"/> At Expected Level <input type="checkbox"/> Above Expectations _____ Ward Attending or Resident Signature/Date
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NURSERY FEEDBACK:

I have provided nursery rotation feedback to the student, to include areas of strength and improvement.

I would rate the student's performance as:
 Below Expectations
 At Expected Level
 Above Expectations

Nursery Attending Signature/Date

*** If student is at risk for receiving **Unacceptable or Needs Improvement** in any area on the Inpatient Evaluation, please contact the Site Director and/or Clerkship Director. ***


UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

Department of Pediatrics Clinical Passport

AY 2011-2012



Student:	
Site:	
Rotation:	

Students will use this Clinical Passport to document their clinical experience over the 6 weeks.

*** This document must be complete and submitted prior to sitting for the pediatric NBME. Otherwise, the student's final grade may be adversely affected. ***



For student to sign when complete:

I assert that the items within this Passport have been completed by me with honesty and integrity.

Signature/Date

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Pediatric Clerkship MS-3 Activities Checklist

Observed Encounters– Observation Forms

Preceptors initial and date on the line after observation form completed and reviewed with the student. Forward form to Site Director to be placed in student file.

Ward

Perform H&P of Acute Illness _____

Nursery

Perform Newborn PE _____

Clinic

Perform SCE for Health Supervision _____

Health Supervision Clinical Cases

Appropriate level should be initialed in the box below the observed level.

Level 1

Level 2

Level 3

1. Preparation and Participation

Minimal preparation/ participation. Technique for patient/parent communication inappropriate. No evidence of synthesis. Cases 1-3 _____ Cases 4-6 _____	Evidence of preparation with limited participation. Appropriate parent/patient communication techniques demonstrated. Cases 1-3 _____ Cases 4-6 _____	Thorough preparation, participated throughout, demonstrated synthesis. Advanced communication techniques, negotiation skills. Cases 1-3 _____ Cases 4-6 _____
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2. Facilitation of Case Discussion

Read the case and all questions directly. Minimal attempts to summarize and prioritize. Difficulty engaging participation. Cases 1-3 _____ Cases 4-6 _____	Prepared entire case and explained the information. Did not encourage participation effectively. Prioritized topics appropriately. Cases 1-3 _____ Cases 4-6 _____	Succinct, prioritized summary. Drew all students into discussion. Synthesized/ applied information to patient/parent communication. Cases 1-3 _____ Cases 4-6 _____
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Other Tasks

Check by student or Site Director when completed.

HS Intro Video _____ H&P 1 _____ H&P 2 _____ Oral Presentation _____	Otitis Media Module _____ Clerkship Quiz _____ Reflective Practice _____ Clinical Weblog _____
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USUHS Third-Year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting the interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

Core problem/type/ disease state	Clinical setting ¹	Alternate method of exposing student to problem/disease state	Verification (date and preceptor initials)
1. Well child care (2–12 mos)	O	CLIPP 2	
2. Well child care (15-60 mos)	O	CLIPP 3	
3. Disorder of growth (obesity, FTT, short stature)	O, W, N	CLIPP 18 or 26	
4. Adolescent H&P (sports or school physical or acute complaint)	O	CLIPP 5	
5. Acute otitis media / otitis media with effusion	O, W	CLIPP 14	
6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn)	O, W, N	CLIPP 12	
7. Fever (from any cause)	O, W, N	CLIPP 10	
8. Acute gastroenteritis	O, W	CLIPP 15	
9. Rash (of any type)	O, W, N	CLIPP 3	
10. Neonatal hyperbilirubine-mia	O, W, N	CLIPP 8	
11. Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma follow-up, heme-onc patient)	O, W, N	CLIPP 30	

1. Clinical setting: O=outpatient clinic, W=inpatient ward, N=nursery

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