

USUHS Third-Year Pediatric Clerkship Oral Presentation Feedback 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.** Keep original in student's folder.

CC	<input type="checkbox"/> Age of patient <input type="checkbox"/> Reason for Visit (in patient's own words) <input type="checkbox"/> Length problem/illness/concern	O	<input type="checkbox"/> Vital signs <input type="checkbox"/> Growth parameters <input type="checkbox"/> General statement of appearance <input type="checkbox"/> Directed physical exam with pertinent positives/negatives
S	<i>History of Present Illness</i> <input type="checkbox"/> Chronology of events <input type="checkbox"/> Pertinent positives/negatives <input type="checkbox"/> Review of systems <i>Past Medical History</i> <input type="checkbox"/> Significant illnesses/ hospitalizations <input type="checkbox"/> Chronic medical conditions <input type="checkbox"/> Surgical history <input type="checkbox"/> Medications <input type="checkbox"/> Allergies <input type="checkbox"/> Immunizations <input type="checkbox"/> Family History <input type="checkbox"/> Social History <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"/> Injuries	A	<input type="checkbox"/> Labs (if relevant) <input type="checkbox"/> Radiology studies (if relevant) <input type="checkbox"/> Assessment/summary <input type="checkbox"/> Problem list (if relevant) <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Most likely/probable diagnosis
		P	<input type="checkbox"/> Diagnostic evaluation <input type="checkbox"/> Therapeutic intervention <input type="checkbox"/> Patient education/instructions <input type="checkbox"/> Follow-up plan
		Notes:	
Oral Presentation Delivery (Eye contact, clarity of speech, pace of presentation, use of appropriate medical terms, dependency on notes)			
Feedback and student response:			
			GRADE: _____