

**PEDIATRIC MID-CLERKSHIP EVALUATION FORM**

Student Name:  \_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Resident Reviewer:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students should meet with a supervising resident/faculty during week 3 of the clerkship to review and complete this mid-clerkship evaluation form.

**Step 1: PRIOR** to your mid-clerkship feedback meeting, **REFLECT** on the feedback you have received so far during the clerkship:

**List SPECIFIC strengths (behaviors, skills) and places where you have improved:**

**List the areas where you have been challenged and there is room for growth:**

**Step 2: PRIOR** to meeting, update number of patient encounters in MedHub and upload completed assignments to Blackboard. Record the assignments you have completed here:

If none of your forms are complete, please document your timeline and plan for completion:

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**2. FOCUS FORMS**

 **⃞ Interview Technique**

 **⃞ Physical Exam**

**3. REQUIRED EXAM COMPETENCIES**

 **⃞ Newborn Exam Form + module**

 **⃞ HEENT Exam form + modules**

**1. REQUIRED PATIENT ENCOUNTERS\***

* Fever in a pediatric patient  **⃞**
* Weight changes in a pediatric patient  **⃞**
* Upper Respiratory Symptoms  **⃞**
* Eye Pain/Red Eye  **⃞**
* Shortness of Breath (Peds)  **⃞**
* Vomiting (Peds)  **⃞**
* Diarrhea  **⃞**

Abdominal Pain in a child **⃞**

* Jaundice  **⃞**
* Extremity Pain/Swelling  **⃞**
* Well Child Visit  **⃞**
* Patient with Dev’t Delay/Disability  **⃞**

\*Remember: Education sessions count as patient encounters.

Talk to the Clerkship Director if you are concerned seeing all patient types.

**Step 3: MEETING - INSTRUCTIONS FOR FACULTY/RESIDENT:** Please provide feedback to students on areas where they are doing well and areas they need to focus on gaining skill. Discuss learning goals AND action plan with student. Review any professionalism concerns.

**Step 4: AFTER MEETING WITH YOUR FACULTY/SUPERVISING RESIDENT: SYNTHESIZE** the feedback you received. Use the feedback to create specific goals and plans for the rest of the clerkship. Please answer the following:

**What are your SPECIFIC strengths that you discussed during mid-rotation feedback : (List behaviors, skills, etc.)**

**Please list 3 SPECIFIC items to work on during the second half of the clerkship or throughout the 3rd year (document learning goals AND action plan):**

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**