

PEDIATRICS CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
Apply the acquired knowledge of growth and development (physical, physiologic and psychosocial) from birth through adolescence in clinical encounters.	X	X				
Apply clinical problem solving skills to establish differential diagnosis and initial management of common pediatric acute and chronic illnesses.	X	X				
Emulate the approach of pediatricians to the health care of children and adolescents.		X	X			X
Act as an advocate for pediatric patients while understanding and integrating the influence of family, community and society on the child in health and disease, including an understanding of the public and private resources available to meet the needs of pediatric patients.	X	X	X	X	X	X
Communicate effectively with children, adolescents and their families as well as physicians and other health professionals, thereby ensuring that complete and accurate data are obtained.	X		X	X	X	X
Demonstrate interpersonal skills for the effective exchange of information and collaboration with physicians, other health professionals, and health related agencies.	X		X	X	X	X
Perform competent physical examinations of infants, children and adolescents.	X					
Advocate health promotion as well as disease and injury prevention.	X		X			X
Demonstrate attitudes and professional behaviors appropriate for clinical practice.			X	X	X	X
Develop a lifelong approach to learning and information acquisition.		X	X			

\* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

## PEDIATRICS

Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
<b>Health Maintenance:</b> <u>Examples:</u> well child care for newborn (0-1 month), infant (1-12 months), toddler (12-60 months), school aged (5-12 years), adolescent (13-19 years). This should include encounters that involve a discussion of nutrition (breast vs. formula feeding, questions about switching to formula and the different formulas, when to add solids, beginning cow's milk, healthy diet, etc.).	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<b>Growth:</b> <u>Examples:</u> failure to thrive, poor weight gain, obesity, short stature, microcephaly, macrocephaly, constitutional delay, small for gestational age, large for gestational age.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<b>Development:</b> <u>Examples:</u> developmental delay, speech delay, gross motor delay, fine motor delay.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<b>Behavior:</b> <u>Examples:</u> sleep problems (night terrors, sleepwalking, nightmares, sleep avoidance), colic, temper tantrums, toilet training, feeding problems, bedwetting, ADHD, encopresis, autism spectrum disorder, eating disorders, head banging, poor school performance.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<b>Upper respiratory tract:</b> <u>Examples:</u> pharyngitis, strep throat, viral URI, herpangina, peritonsillar abscess, common cold, allergic rhinitis, otitis media, sinusitis, otitis externa, mononucleosis.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Lower respiratory tract:</b> <u>Examples:</u> bronchiolitis, bronchitis, pneumonia, aspiration, pneumonitis, reactive airway disease, asthma, bronchiectasis, croup.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Gastrointestinal tract:</b> <u>Examples:</u> gastroenteritis, giardiasis, pyloric stenosis, appendicitis, Henoch Schonlein	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary

<p>purpura, peptic ulcer disease, gastroesophageal reflux disease, jaundice, constipation, inflammatory bowel disease, Crohn disease, ulcerative colitis, functional abdominal pain, vomiting, diarrhea, rotavirus, pancreatitis, milk protein allergy, lactose intolerance.</p>			
<p><b>Dermatologic system:</b> <b>Examples:</b> viral rash (or viral exanthem), scarlatina, eczema, urticaria, contact dermatitis, thrush, atopic dermatitis, seborrheic dermatitis, acne, candidal diaper rash, impetigo, cellulitis, abscess, hand foot and mouth disease, scabies, pityriasis rosea, vitiligo, tinea versicolor, milia, neonatal acne, erythema toxicum, transient melanosis pustulosis.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>
<p><b>Central nervous system:</b> <b>Examples:</b> meningitis, concussion, encephalitis, seizures, ataxia, febrile seizure, closed head injury, headache.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient, or Emergency</p>	<p>Assist</p>
<p><b>Emergent clinical problems:</b> <b>Examples:</b> respiratory distress, shock, ataxia, seizures, airway obstruction, apnea, proptosis, suicidal ideation, trauma, cyanosis, meningitis, shock, testicular torsion, diabetic ketoacidosis (DKA), sudden infant death syndrome (SIDS), acute life threatening event (ALTE), congestive heart failure, burns, status asthmaticus, status epilepticus, encephalitis, child abuse, altered mental status, supraventricular tachycardia (SVT), laceration, ingestion, fracture.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient or Emergency</p>	<p>Observe</p>
<p><b>Chronic medical problems:</b> <b>Examples:</b> asthma, cerebral palsy, cystic fibrosis, diabetes mellitus, malignancy, sickle cell disease, epilepsy, atopic dermatitis, obesity, sensory impairment (such as blindness or hearing loss), HIV/AIDS, Down syndrome, Turner syndrome, spina bifida, hydrocephalus, hypertension, congenital heart disease.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>

<p><b>Unique conditions:</b>  <u>Examples:</u> fever without localizing findings  (or fever of unknown origin or r/o sepsis),  neonatal jaundice.</p>	<p>History/Data Collection,  Physical Examination,  Clinical Reasoning</p>	<p>Inpatient,  Outpatient, or  Emergency</p>	<p>Assist</p>

Evaluation Form

Printed on Dec 03, 2020

**Student Clerkship Form**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

**Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives**

	Yes	No	Uncertain
1. Overall grade: Based on your observation and experience should this student receive a passing grade?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
2. Application of Basic Science Fund of Knowledge to Clinical Setting*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
3. Interviewing Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
4. Your assessment of this student's interviewing skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**PROFESSIONAL ATTRIBUTES**

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Honors**

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

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20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?\*

- No
- Yes

Comments:

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21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): \*

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22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):

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