UTHSC Pediatrics Mid-Clerkship Formative Feedback

Student I	Name: Faculty Name:	
Today's [Date: Dates worked with the student:	
Stude	Faculty – Please rate your level of student entrustment to perform each of the EPAs listed below. dents – Please return to your local clerkship director once completed (due by the end of the second inpatient	t week).
<u>Gathe</u>	ner a history and perform a physical exam (EPA 1):	
🗌 Ca	Can perform under proactive/full supervision as coactivity with supervisor.	
🗌 Ca	Can perform under proactive/full supervision with supervisor in room and ready to step in as needed.	
🗌 Ca	Can perform under reactive/on-demand supervision with supervisor immediately available, all findings double-	checked.
🗌 Ca	Can perform under reactive/on-demand supervision with supervisor immediately available, key findings double	e-checked.
<u>Devel</u>	elop a prioritized differential diagnosis following a clinical encounter (EPA 2):	
🗌 Ca	Can perform with coaching as coactivity with supervisor (e.g. supervisor taking the lead but sharing the practice	e).
🗌 Ca	Can perform with coaching from supervisor (e.g. learner taking the lead and supervisor guiding as needed).	
	Can perform without coaching but with review; all components of reasoning, differential diagnosis, documenta checked.	tion double-
	Can perform without coaching but with review; key components of reasoning, differential diagnosis, document double-checked.	ation
Provid	vide documentation of a clinical encounter in written or electronic format (EPA 5):	
Ca	Can perform with coaching as coactivity with supervisor (e.g. supervisor taking the lead but sharing the practice	e).
🗌 Ca	Can perform with coaching from supervisor (e.g. learner taking the lead and supervisor guiding as needed).	
	Can perform without coaching but with review; all components of reasoning, differential diagnosis, documenta checked.	tion double-
	Can perform without coaching but with review; key components of reasoning, differential diagnosis, document double-checked.	ation
Provid	vide an oral presentation/summary of a patient encounter (EPA 6):	
Ca	Can perform with coaching as coactivity with supervisor (e.g. supervisor taking the lead but sharing the practice	e).
🗌 Ca	Can perform with coaching from supervisor (e.g. learner taking the lead and supervisor guiding as needed).	
	Can perform without coaching but with review; all components of reasoning, differential diagnosis, documenta checked.	tion double-
🗌 Ca	Can perform without coaching but with review; key components of reasoning, differential diagnosis, document	ation

double-checked.

Student Self-Assessment: Please also comment on 1-2 strengths and 1-2 areas for improvement for the remainder of your clerkship. Include one individual learning or wellness GOAL for the reminder of the rotation.

Faculty Assessment: Please comment on 1-2 strengths and 1-2 recommendations for improvement for the student.

Verification of Case Logs – Please review, discuss with the student, and mark 2-3 of the following required diagnoses and attest that the student has been an active participant in the patient's care by signing this form.

- Parental Concern: Behavior & Development (sleep, colic, tantrums, developmental delay, ADHD, autism)
- Parental Concern: Growth & Nutrition (FTT, poor weight gain, short stature, obesity, poor feeding)
- Central Nervous System complaint (headache, meningitis, concussion, seizure, ataxia, etc)
- Chronic medical problem (e.g. asthma, TIDM, CP, SCD, CF)
- Dermatological complaint (eczema, SSSS, viral exanthem, urticaria, contact dermatitis, RMSF, seborrhea, etc)
- Emergent clinical problem (shock, DKA, encephalopathy, burn, abuse, trauma)
- Gastrointestinal complaint (gastroenteritis, pyloric stenosis, appendicitis, intussusception, HSP, GERD)
- Musculoskeletal complaint (trauma, infection, inflammation, overuse)
- Respiratory complaint (upper or lower respiratory tract)
- Unique condition (neonatal jaundice, fever without a source, autoimmune disease, UTI, systemic viral illness)

Observed H&P:	Completed	Not yet completed
<u>Clinical Skills Rubrics:</u> Developmental Assessment Otoscopic Examination	Completed Completed	Not yet completed Not yet completed

Student Signature ______ Faculty Signature _____