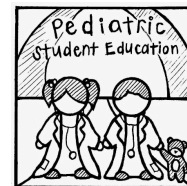
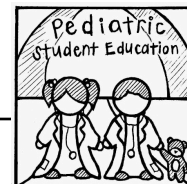


Pediatric Acting Intern Evaluation



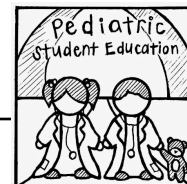
Please base the evaluation on the student's **final consistent** performance during your time together based on your own observation and feedback from the team.

	not obser ved	seldo m	sometime s	consistentl y
History taking and physical exam				
<ul style="list-style-type: none"> Reliable and appropriately comprehensive 				
<ul style="list-style-type: none"> Tailored based on patient's age, medical condition, and hospitalization timing (admission, subsequent hospital day, discharge) 				
<ul style="list-style-type: none"> Includes ancillary sources when appropriate 				
<ul style="list-style-type: none"> Hypothesis (assessment) driven eliciting positive and negative findings that distinguish among diagnoses under consideration 				
Assessment				
<ul style="list-style-type: none"> Working diagnosis clearly identified, accurate, and supported by relevant history, physical exam, and/or diagnostic study elements 				
<ul style="list-style-type: none"> Differential accurate, prioritized and supported by relevant history, physical exam, and/or diagnostic study elements 				
<ul style="list-style-type: none"> Working diagnosis and differential reassessed based on new information when appropriate 				
<ul style="list-style-type: none"> Differential closed when appropriate 				
<ul style="list-style-type: none"> Differential for secondary problem/s included when appropriate 				
<ul style="list-style-type: none"> Features that do NOT match the working diagnosis specifically identified and addressed 				
<ul style="list-style-type: none"> Referral to literature when appropriate 				
Patient care plan				
<ul style="list-style-type: none"> Thoroughly addresses primary hospital problem 				
<ul style="list-style-type: none"> Thoroughly addresses secondary hospital problem/s 				
<ul style="list-style-type: none"> Includes decision making rationale 				



Pediatric Acting Intern Evaluation

• Addresses symptom management and patient and family comfort				
• Considers patient/caregiver preferences				
• Incorporates literature/practice guidelines				
• Considers cost effectiveness				
• Anticipates potential problems and includes contingency plans				
• Initiates urgent or emergent care when appropriate				
Oral case presentation				
• Accurate				
• Tailored based on context (team conference room or bedside rounds, discussion with primary care physicians or consultants, etc) and hospitalization timing (admission, subsequent hospital day, discharge)				
• Concise				
• Hypothesis (assessment) driven with inclusion of positive and negative findings that distinguish among diagnoses under consideration				
Medical documentation				
• Accurate				
• Does NOT include inappropriate information "auto-population" or "forward copying"				
• Tailored based on hospitalization timing (admission, subsequent hospital day, discharge)				
• Concise				
• Hypothesis (assessment) driven with inclusion of positive and negative findings that distinguish among diagnoses under consideration				
• Available to other providers to utilize in a timely manner				
Communication with patients and families				
• Takes ownership of primary patients				
• Takes ownership of team patients				



Pediatric Acting Intern Evaluation

• Anticipates and responds to patient and family needs				
• Viewed as the primary hospital physician by patient's and families				
• Effectively educates patients and families				
Team Collaboration				
• Completes tasks related to own patients in a timely manner and without prompting				
• Manages multiple patients and tasks efficiently and safely				
• Shares clinical information ensuring all team members appropriately involved				
• Recognize when own clinical knowledge and/or skills are insufficient for patient care and seek assistance when needed				
• Gives and receives handovers effectively				
• Shares educational resources with team members				
• Provides constructive feedback to team members				
Professional growth				
• Shares personal goals				
• Seeks feedback from multiple sources				
• Applies feedback revising goals when appropriate				
• Applies feedback to other patients/settings				

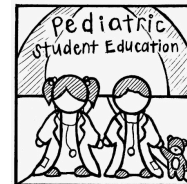
Comment Fields on Individual Evaluation Forms (completed by individuals or teams)

Evaluators please note: Our accrediting body, the LCME, and the AAMC regularly ask our students about the quality of feedback that you provide to help them improve their performance and growth as physicians. Please provide this student with actionable feedback.

Please remember: Students will NOT see your name associated with this evaluation form, nor will the student evaluations of teaching be associated with this form. We hope that this level of anonymity will encourage honest and specific feedback on student strengths and areas needing improvement.

a. What 1-2 things does the student do well and should continue doing?

[Text Box]



Pediatric Acting Intern Evaluation

b. What 1-2 things should the student focus on improving to best promote his or her professional and personal growth?

[Text Box]

Assessment of Overall Performance

- ☐ Needs Remediation: below expectations for a senior acting internship student
- ☐ Pass: at expected level for a senior acting internship student
- ☐ Near Honors: at expected level for an pediatric intern in their first 6mo of residency
- ☐ Honors: at/or above the level expected of an experienced intern

Confidential comments to the course director (not visible to student)

I would like to see NAME as an intern in our program

- ☐ Strongly disagree. Name should consider a specialty other than pediatrics
- ☐ Disagree. Name is would not be a good addition to our program
- ☐ Neutral. Name is a solid acting intern and would be a good addition to our residency program
- ☐ Agree. Name is an above average acting intern who would be a great addition to our residency program
- ☐ Strongly agree. Name is a rare superstar whom I actively recruited to our residency program. We would be lucky to have him/her!

Confidential comments to the course director (not visible to student)

Comment Fields on the Summary Evaluation Form (completed by the course director(s))

Course Director Instructions. This Summary form contains the results of both comment fields provided on the individual student performance evaluation forms. Drawing from the evaluator comments as appropriate, and your own observations, please complete the following two items.

[Text box]

Additional Feedback from the course director (if you want to provide your own formative feedback or summarize feedback from the individual evaluation forms, you can use this space)

[Text box]