



**Uniformed Services University of the Health Sciences  
Department of Pediatrics  
Class of 2018 Post-Clerkship Evaluation  
SUBINTERNSHIP ROTATION**

**Student Name:**

**Rank:**

**Service:**

**Rotation:**

**Site:**

**Course Title and Number:**

**AREAS OF PERFORMANCE:**

**N/A    1    2    3    4    5**

1. Quality of patient histories and physical examination
2. Ability to analyze data, formulate appropriate problem lists/differential diagnosis, and make clinical judgments
3. Use of textbooks and journals to expand his/her understanding of the problems, conditions, and procedures involving assigned patients
4. Skill in oral case presentation (brevity, organization, focus on important elements)
5. Fund of knowledge
6. Professional demeanor, including maturity, balance of humor and seriousness, and ethical conduct
7. Interpersonal relationships with staff, peers, and patients
8. Demonstration of commitment to learning and patient care, including attendance, promptness, and availability

**RATINGS:**

*5 = Outstanding (A)*

*Exceptional level of performance*

*4 = Solid (B)*

*Meets expected level of performance*

*3 = Needs Improvement (C)*

*Below expected level of performance and has demonstrated potential to improve*

*2 = Needs Remediation (D)*

*Did not demonstrate expected level of performance and remediation is advised*

*1 = Unacceptable (F)*

*Not yet demonstrated expected level of performance, nor the potential to do so, in spite of counseling*

*N/A = Not Observed*

*Used only in instances where there is no basis to rate student on area of performance*

**NARRATIVE SUMMARY OF OVERALL PERFORMANCE (REQUIRED FOR ALL STUDENTS)** Can the student act independently in making a diagnosis, communicating it to the parent, and planning therapy? Please comment on the student's ability to care for patients over a period of time (reliability, data management, problem solving, and ability to work on a team).

**GRADE:**

(Continue on supplemental page if needed)

(Preceptor Name)

(Date)

(Honors, Pass, Fail or Incomplete)

(Preceptor Signature)

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