

# CLERKSHIP CLINICAL EXPERIENCE TRACKER

## Pediatrics (5 Weeks)

Name: \_\_\_\_\_ Round: \_\_\_\_\_ Site: \_\_\_\_\_

### CLINICAL EXPERIENCES

Below are core clinical experiences and rotation requirements. Please have your **attending initial** in white boxes. If substituting a CLIPP case in place of clinical exposure please write "CLIPP" in the white box. **Your initials** should go in all gray boxes. Please disregard the darker shaded boxes.

Health Supervision (2-12 months) or CLIPP 2				Rotation Requirements				
Health Supervision (15-60 months) or CLIPP 3				NBME Pretest				
Adolescent H&P (health supervision or acute visit) or CLIPP 5 or 6				Written H&P (x2)				
Acute Otitis Media/Effusion				Multi-D Experience				
Respiratory Disorder (asthma, URI, croup, PNA)				Telephone Triage Module				
Fever (any cause)				Reflective Practice				
Acute Gastroenteritis or CLIPP 15				Your feedback of Faculty/Resident	Week 1	Week 2	Week 3	Week 4
Rash (any type) or CLIPP 32	CLIPP CASES							
Neonatal Hyperbilirubinemia				7	12	21		
Chronic Medical Problem (CF, CP, CHD, Heme-Onc, Autism) or CLIPP 30				9	15	23		
Disorder of Growth (obesity, FTT, short stature) or CLIPP 4, 18, 26				10	16	27		
Attended Newborn Delivery				11	17	31		

### DIRECT OBSERVATION AND FEEDBACK

Please have your faculty initial once observation completed and feedback given

Ward Admission Observed H&P		Newborn Physical Exam		Clinic Health Supervision Visit	
-----------------------------	--	-----------------------	--	---------------------------------	--

### DUTY HOURS

Please estimate number of hours spent at your clinical site(s) performing clinical or other duties

Duty Hour Totals	Week 1	Week 2	Week 3	Week 4	Week 5
WARD ATTENDING FEEDBACK GIVEN:	Below Expectations	At Expected Level	Above Expectations	Student Initial	
NURSERY ATTENDING FEEDBACK GIVEN (if applicable)	Below Expectations	At Expected Level	Above Expectations	Student Initial	
CLINIC PRECEPTOR VERBAL FEEDBACK GIVEN	Below Expectations	At Expected Level	Above Expectations	Student Initial	

### Site Director MIDPOINT FEEDBACK

### Site Director FINAL FEEDBACK

I reviewed student progress on passport items and any concerns. Faculty/Resident evaluations available to date have been shared with the student. Remediation and study plan reviewed as needed.

I verify completion of required experiences and have discussed faculty evaluations available at time of exit interview.

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

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

Site Director: \_\_\_\_\_

Site Director: \_\_\_\_\_

**For Student to sign when complete: I attest that the items within this Passport have been completed as written with honesty and integrity**

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