### Clinical Knowledge

| ☐ Major deficiencies in clinical/relevant basic science knowledge base | ☐ Understanding of basic concepts marginal – below expected level | ☐ Clinical knowledge appropriate to level of training – understands basic pathophysiology & common/simple disease states | ☐ Demonstrates knowledge of more complex disease states, complex physiology & treatments | ☐ Thorough knowledge of complex issues/uncommon illnesses including being up to date on current literature | ☐ Not Observed |

### Communication Skills – Presentations on Rounds

| ☐ Presentations ill prepared, lack important information, contain inaccurate data | ☐ Presentations orderly, accurate but with some omissions | ☐ Presentations accurate, orderly, contain all the basic information – appropriate to level of training | ☐ Presentations more concise, articulate with emphasis on important issues/data. Knows all lab/radiology data | ☐ Presentations concise, articulate & demonstrate a high level of insight/synthesis – minimal to no use of notes | ☐ Not Observed |

### Communication Skills – Presentation of Assigned Topic(s)

| ☐ Demonstrates little/no preparation, disorganized, no new information presented | ☐ Orderly presentation but summarizes only one source & provides little new information | ☐ Clear, concise presentation, utilizes more than one source, offers new information | ☐ Clear, concise presentations, utilizes multiple sources, new information provided & summarizes/reviews specific learning objectives | ☐ Utilizes & summarizes multiple sources including recent studies with a review of the studies’ techniques, data & conclusions | ☐ Not Observed |

### Communication Skills – Interacting with Patients and Families

| ☐ Is insensitive, tactless – fails to detect nonverbal cues | ☐ Occasionally inattentive, sometimes uses terms the patient/family cannot understand | ☐ Develops rapport with patient & immediate family, avoids medical jargon, appreciates nonverbal cues, can deal with most day to day patient/family interactions | ☐ Willing to deal with more difficult situations & can do so with little input from supervisors | ☐ Outstanding rapport with patient & entire family – actively seeks to handle difficult situations/topics – relates to & engages all family members | ☐ Not Observed |

### Patient Care – Histories and Physicals

| ☐ H&Ps unreliable, contain major omissions, disorganized | ☐ H&Ps organized but contain some omissions | ☐ H&Ps organized, accurate, all major issues/findings are identified | ☐ H&Ps organized, accurate, complete & include appropriate focused historical data & physical examinations which demonstrate knowledge of an appropriate differential diagnosis | ☐ H&Ps include even subtle findings & the HPIs & exams clearly demonstrate knowledge of prioritized differential diagnoses for the issues at hand | ☐ Not Observed |

### Patient Care – Note Writing

| ☐ Notes unreliable, unorganized, contain significant omissions | ☐ Notes organized but omit some relevant issues/data | ☐ Notes accurate, complete & indicate clear plans for each ongoing problem | ☐ Notes accurate, complete & able to relate data to patients | ☐ Notes concise & analytical reflecting thorough understanding of disease process, patient’s conditions & both immediate & more distant plans | ☐ Not Observed |

### Patient Care – Laboratory and Radiologic Data Interpretation

| ☐ Unable to interpret most basic data | ☐ Marginal interpretation of data with problems relating data to patients | ☐ Interprets basic data & able to relate data to patients | ☐ Independently seeks out data, consistently offers interpretation & suggests further workup | ☐ Demonstrates understanding of subtle findings within lab/radiologic data & able to relate different data into a unified hypothesis | ☐ Not Observed |
### Inpatient Pediatrics

#### Patient Care – Overall Patient Care Activities
- **Lacks initiative, does not recognize limits, care could be dangerous to patients**
- **Follows management plans outlined by team, reliable to do what is instructed, but minimal self initiative**
- **Takes appropriate initiative, follows up, is always reliable, helps others**
- **Seeks added responsibility, consistently suggests diagnostic/therapeutic plans**
- **Acts independently, families refer to student as “their doctor,” takes full responsibility for patients**
- **Not Observed**

#### Practice Based Improvement
- **No evidence of independent learning, often unprepared to describe what was learned from prior day’s reading**
- **Reads some, but not enough, reading too superficial, reads only what is prescribed**
- **Reads independently, daily is able to describe what was learned from prior day’s reading, occasionally uses multiple sources**
- **More consistently uses multiple sources including some primary literature & able to describe the data/conclusions of those sources**
- **Reads extensively & reading is goal directed & self motivated – consistently shares new knowledge with team**
- **Not Observed**

#### Social & Community Context of Health Care – Utilization of Ancillary Health Care Services (AHCS)
- **Unaware of &/or does not utilize AHCS in care of assigned patients**
- **Utilizes AHCS only when told & does not independently interact with AHCS personnel**
- **Appropriately utilizes AHCS, able to independently interact with them**
- **Independently seeks out/recommends/utilizes AHCS for assigned patients**
- **Anticipates both immediate & more long term needs of patients in seeking out AHCS**
- **Not Observed**

#### Professionalism

Students should possess the following characteristics:
- **be respectful**
- **properly groomed/dressed**
- **punctual**
- **be compassionate**
- **considerate of others**
- **reliable**
- **conscientious**
- **appropriately motivated**
- **honest**

If there is a concern about any of the above for this student, please check the character and briefly describe the concern. If there are any characteristics for which this student excels, please describe them so they can be included in the student’s summative evaluation.

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You must construct a narrative/summative evaluation for the student. Include & explain any of above competencies for which the student is below or above expectations.

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Faculty Signature (ATTENDING 1)  Faculty Signature (RESIDENT 1)  Student Signature

Faculty Signature (ATTENDING 2)  Faculty Signature (RESIDENT 2)  Date