Assessment Forms used within the OB/GYN Clerkship

OB Clerkship Student Evaluation Card

Competencies

1. Patient Care
2. Knowledge for Practice
3. Practice Based Learning & Improvement
4. Interpersonal and Communication Skills
5. System Based Practice
6. Professionalism
    a. Interprofessional Collaboration
    b. Personal & Professional Development

OB Clerkship Student Evaluation Card

Student Name:_____ Date:_____

Service/Rotation_____

Comments:_____

_____

_____

_____

_____

Print:_____

Sign:_____

OSCE:

There are three skill sets that are assessed for the final OSCE grade. The clinical OSCE exam will be held after the clerkship. The other two skill sets assessed are suturing and pelvic exams. These assessments will be held during Weeks 22 and 23. For these exams, the following forms are used to assess your performance.

OB/GYN Clerkship				
Suture Performanace Assessment				
Student Name: _____ **,MS3**	**Date:** _____			
Rating Scale: Must repeat if 2 or more not done. If 3 or more needs improvement must retake	**Column1**			
0-Not Done 1-Not done plus 2 needs improvement 2-Well Done C/A Cannot Assess				
Demonstrate the following:	**Rate Scale**			
1. Secure square knot with two-handed tie	0	1	2	C/A
2. Secure square knot one-handed tie	0	1	2	C/A
3. Correct technique for loading a needle driver	0	1	2	C/A
4. Correct technique for holding and manipulating a needle driver	0	1	2	C/A
5. Correct technique for holding and manipulating tissue forceps	0	1	2	C/A
6. Insert needle at 90-degree angle to the "tissue"	0	1	2	C/A
7. Protects needle for 1-hand tie	0	1	2	C/A
8. Correct technique for placing continous sutures	0	1	2	C/A
Summary of Observation: Please include assessment of performanace and areas of future focus				
Feedback given: ___ YES ___ NO				
Observer signature: _____ **Student signature:** _____				

OB/GYN Clerkship
Pelvic Exam Performance Assessment (by Medical Staff)

Student: _____, MS3 Date: _____ Evaluator: MA - _____

Rating Scale: | 1-Not Done | 2 – Needs Improvement | 3 – Well Done | C/A – Cannot Assess |

Direct Observation by Medical Staff				
External Examination	**Circle one**			
1. Examines external genitalia	1	2	3	C/A
2. Inspects mons pubis	1	2	3	C/A
3. Inspects labia majora	1	2	3	C/A
4. Inspects labia minora	1	2	3	C/A
5. Inspects clitoris	1	2	3	C/A
6. Inspects urethal meatus	1	2	3	C/A
7. Instpects introitus	1	2	3	C/A
8. Inspects Bartholin's gland	1	2	3	C/A
9. Inspects perineum	1	2	3	C/A
10. Inspects anus	1	2	3	C/A
Speculum Examination				
11. Holds speculum at 45-degree angle	1	2	3	C/A
12. Inserts speculum properly	1	2	3	C/A
13. Rotates speculum at full insertion	1	2	3	C/A
14. Opens speculum slowly	1	2	3	C/A
15. Identifies cervix	1	2	3	C/A
16. Secures speculum in an open position	1	2	3	C/A
17. Inspects cervix	1	2	3	C/A
18. Inspects vaginal walls while removing speculum	1	2	3	C/A
19. Handles speculum appropriately	1	2	3	C/A
20. Removes speculum appropriately	1	2	3	C/A
21. Bimanual Pelvic Examination	1	2	3	C/A
22. Introduces fingers into vagina	1	2	3	C/A
23. Palpates cervix and cervical os	1	2	3	C/A
24. Palpates uterine body, apex of fundus	1	2	3	C/A
25. Palpates right adnexa/ovary	1	2	3	C/A
26. Palpates left adnexa/ovary	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: ___ **YES** ___ **NO**

Observer signature: _____ Student signature: _____

OB/GYN Clerkship
Pelvic Exam Performance Assessment (by Standardized Patient)

Student: _____, MS3 Date: _____ Evaluator: _____

Rating Scale:

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess

Direct Observation of the Patient				
Communication/Interpersonal Skills	**Circle one**			
1. Introduces self and explains role	1	2	3	C/A
2. Uses appropriate eye contact, body language	1	2	3	C/A
3. Uses facilitative listening skills	1	2	3	C/A
4. Demonstrates empathy	1	2	3	C/A
Preparation				
5. Checks all equipment/supplies	1	2	3	C/A
6. Adjusts exam light prior to gloving	1	2	3	C/A
7. Washes hands before exam	1	2	3	C/A
General Techniques/Exam Skills				
8. Demonstrates concern for the patient's comfort and modesty	1	2	3	C/A
9. Explains to patient what is being done	1	2	3	C/A
10. Enlists the patient's cooperation during the exam	1	2	3	C/A
11. Follows a logical sequence of exam from one region to another	1	2	3	C/A
12. Emphasizes areas of importance	1	2	3	C/A
13. Modifies the exam to adapt to patient limitations (imposed by illness, age or temperament of patient)	1	2	3	C/A
14. Positions patient: hips to end of table and heels on foot rests	1	2	3	C/A
15. Wears gloves throughout exam	1	2	3	C/A
16. Gloves remain clean (no contamination)	1	2	3	C/A
17. Avoids unexpected/sudden movements	1	2	3	C/A
Professional Conduct/Additional Skills				
18. Describes each step of exam to patient prior to performing	1	2	3	C/A
19. Maintains patient modesty	1	2	3	C/A
20. Attends to patient's comfort	1	2	3	C/A
21. Performed exam in a gentle and professional manner	1	2	3	C/A
22. Extends bottom of exam table for patient comfort	1	2	3	C/A
23. Instructs patient to return to sitting position at conclusion of exam	1	2	3	C/A
Patient Education Skills (when appropriate)				
24. Addresses beliefs, misconceptions (if applicable)	1	2	3	C/A
25. Gives explanations in clear language, avoids jargon	1	2	3	C/A
26. Invites questions/checks for understanding (if applicable)	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Mid-Clerkship Assessment

Faculty/Resident: _____

Student: _____

Planned date of discussion: _____

Actual date of discussion: _____

Review of evaluations to date with student:

Professionalism

Professionalism:

Overall/Summary

Areas that would yield the greatest improvement in the student's skills:

Strongest skill areas:

Mid-Clerkship Assessment

Required clerkship-specific activities
Please indicated how the clerk is performing on activities specific to the block's clerkships (examples: quizzes, presentations, documented H&P, paper charts, etc.):

OpLog
Discuss student's oplog documentation and any areas where the student does not appear on track. Identify date when student should come back to see you if s/he has not yet met the requirements.

Synopsis of discussion with student:

Assessment Forms used within Pediatric Clerkship

WARDS OBSERVED H & P

NAME: _____ Date: _____

RATING SCALE

0 = Not done, but should have been
1 = Done incorrectly or incompletely
2 = Done with assistance or direction - knowledge incomplete
3 = done with minimal assistance, or complete and accurate, but room for improvement
4 = Done skillfully and completely without assistance

Professionalism		Information Gathering		Physical Examination		Information Sharing	
Introduces self		Uses open-ended questions		Washes hands		Clearly explains diagnosis	
Calls child & parent by name		Progresses with specific questions		Has child appropriately unclothed		Correctly explains management plan	
Professional appearance		Logical sequence		Minimizes discomfort		Explains reasons for recommendations	
Good eye contact		Does not ask presumptive/leading questions		Preserves modesty		Checks family's understanding of recommendations	
Avoids jargon/explains medical terms		Asks for clarification if necessary		Explains actions to parent & child		Articulates reasons for follow-up or re-contact	
Comments:		Appropriately includes child in interview		Sequence matched to cooperation level		Comments:	
		Reflects parent's/patient's feelings		Correct exam techniques used			
		History complete relative to presenting complaint		General			
		Comments:		Head/scalp			
				Neck			
				Eyes			
				Nose/mouth/throat			
				Ears			
				Lungs			
				Cardiovascular			
				Abdomen			
				Skin			
				Skeletal			
				GU			
				Neuro			

Presentation: _____ Topic: _____

Comments:

Evaluator's Signature
Evaluators Printed Name

Student Name: _____

Date: _____

Time: _____

Weight of patient: _____

PEDS Inpatient Admission Order Form

___ of 1

✓ If Correct X If Incorrect

Student Name: _____

Date: _____

Time: _____

Weight of patient: _____

PEDS Inpatient Discharge Order Form

___ of 1

✓ If Correct X If Incorrect

STUDENT HAND-OFF CEX TOOL EVALUATION

To be completed by Resident or Attending

Date: _____

Student's Name:

Evaluator's Name: ○ intern ○ resident ○ hospitalist

Organization/efficiency (○ Not observed)

disorganized; rambling	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*standardized sign-out; concise*

Communication skills (○ Not observed)

not face-to-face; understanding not confirmed; no time for questions; responsibility for tasks unclear; vague language	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*face-to-face sign-out; understanding confirmed; questions elicited; responsibility for tasks clearly assigned; concrete language*

Content (○ Not observed)

information omitted or irrelevant; clinical condition omitted; 'to dos' lack plan, rationale	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*all essential information included clinical condition described 'to dos' have plan, rationale*

Clinical judgment (○ Not observed)

no recognition of sick patients; no anticipatory guidance	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*sick patients identified; anticipatory guidance provided with plan of action*

Patient Focused (○ Not observed)

buried, inattentive; inappropriate comments re: patients, family, staff	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*focused on task; appropriate comments re: patients, family, staff*

Setting (○ Not observed)

≥ 5 interruptions; noisy, chaotic	1 2 3 | 4 5 6 | 7 8 9 Unsatisfactory / Satisfactory / Superior	*no interruptions; minimal noise*

Overall sign-out quality (○ Not observed)

1 2 3 | 4 5 6 | 7 8 9
Unsatisfactory / Satisfactory / Superior

Comments: _____

NURSERY:

OBSERVED HISTORY & PHYSICAL - NURSERY

NAME: _____ DATE: _____

RATING SCALE

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1 = Done incorrectly or incompletely
2 = Done with assistance or direction, knowledge incomplete
3 = Done with minimal assistance or complete and accurate, but room for improvement
4 = Done skillfully and completely without assistance

Data Gathering	Score
Describe prenatal issues affecting infant	
Discusses neonatal course	
Reviews & correctly interprets vital signs, feeding, voiding, & stooling	
Integrates maternal data into assessment of newborn	
Articulates one's own sytematic approach to exam	
Provides for safety of infant	
Provides for thermal regulation	
Comments:	

Physical Examination	Score
General Appearance/Posture	
Head: Fontanelles, skull, shape, eyes, ears, neck , hair	
Eyes: Red reflex, discharge, placement to ears	
Lungs: Observation, Auscultation	
Cardiovascular: Observation, Palpation: pulses, PMI Auscultation	
Abdomen: Auscultation, Palpation	
Genitourinary - Male: Identify urethral tip, presence of testes **OR** **Genitourinary - Female:** Separate labia	
Extremities: Assesses ROM, shoulders, elbows, wrists, fingers, hips, knees, ankles	
Hips: performs Barlow & Ortalani correctly, rationale	
Back & Spine: Observation, palpation	
Skin: Observation, palpation	
Neuro - elicits at least 5 newborn reflexes	
Ballard: performs at least 8 of 12 correctly	

Comments

Score Earned: _____ **Observer:** _____

NURSERY H & P WRITE-UP/EVALUATION

STUDENT:_____ DATE SUBMITTED:_____

FACULTY:_____

	Maximum point value	Actual score
I. **IDENTIFYING DATA** (Including source)	**5**	
II. **HISTORY**	**30**	
Antenatal		
Prenatal Exam		
Complications		
Maternal Medical History		
OB History		
Previous deliveries		
Completeness		
Family History		
Paternal		
Maternal & Paternal grandparents		
Siblings		
Completeness		
Social History		
Adequate description of the child's environment		
Completeness		
Natal - L&D		
ROM		
Labor		
Delivery		
Apgars		
III. **PHYSICAL EXAMINATION**	**25**	
Attach the "Ballard Chart"		
Be sure to address: vital signs, head, neck, chest, heart, lungs, abdomen, extremities, nuerological, skin, genitalia,		
Completeness		
Clear, concise picture of patient		
IV. **PROBLEM LIST**	**10**	
Complete list of problems identified in history and physical		
Appropriate problems		
Reasonable assessment		
V. **PLAN**		
Diagnostic Plan	**9**	
Appropriate procedures and lab		
Adequate documentation of need		
Therapeutic Plan	**9**	
Appropriate procedures and medications		
Adequate documentation and explanation of procedures, medications, and dosages		
Parent Education	**7**	
Explanation of problems, plans, and follow-up		
Please explain the patient's condition and plan of treatment as you explained it to the family		
VI. **OVERALL QUALITY**	**5**	
Based on readability, grammar and composition, and organization		
Appropriate use of abbreviations		

NEWBORN MATURITY RATING & CLASSIFICATION

ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING

Symbols: X - 1st Exam O - 2nd Exam

Side 1

Gestation by Dates _____ wks

Birth Date _____ Hour _____ am pm

APGAR _____ 1 min _____ 5 min

NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)	 >90	 90	 60	 45	 30	 0	
Arm Recoil		 180	 140 -180	 110 -140	 90 -110	 <90	
Popliteal Angle	 180	 160	 140	 120	 100	 90	 <90
Scarf Sign							
Heel to Ear							

MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

PHYSICAL MATURITY

Skin	sticky; friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling &/or rash; few veins	cracking; pale areas; rare veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald	
Plantar Surface	heel-toe 40-50 mm: -1 <40 mm: -2	>50 mm; no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola; no bud	stippled areola; 1-2 mm bud	raised areola; 3-4 mm bud	full areola; 5-10 mm bud	
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm; instant recoil	thick cartilage; ear stiff	
Genitals male	scrotum flat; smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging minora	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	_____ Weeks	_____ Weeks
Time of Exam	Date _____ Hour _____ am pm	Date _____ Hour _____ am pm
Age at Exam	_____ Hours	_____ Hours
Signature of Examiner	_____ _____ M.D./R.N.	_____ _____ M.D./R.N.

Ballard JL, Khoury JC, Wedig K, et al. New Ballard Score, expanded to include extremely premature infants. *J Pediatr*. 1991;119:417-423.

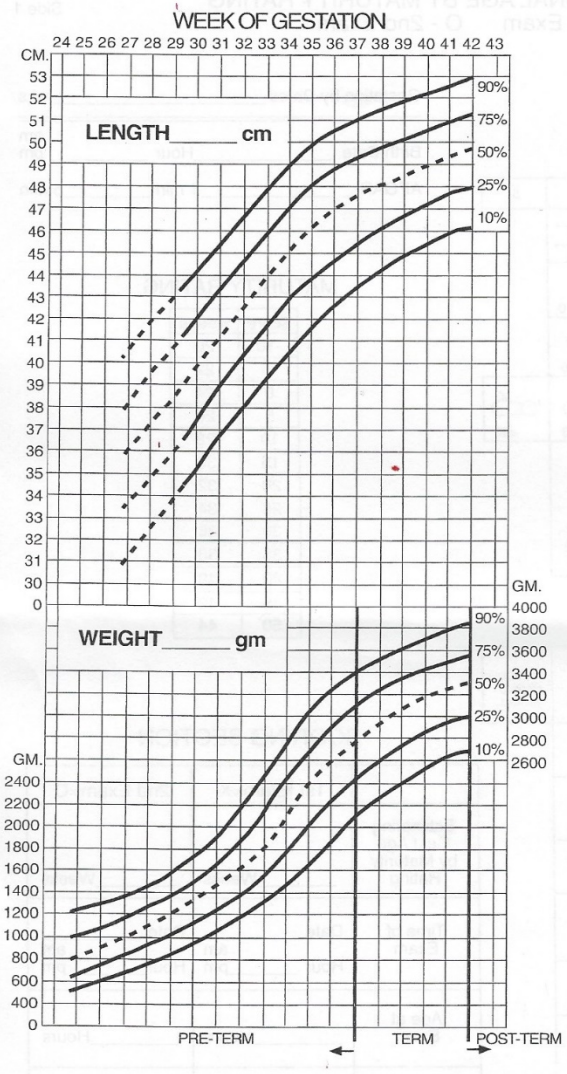
Lubchenco L, Hansman C, Boyd E. Intrauterine growth in length and head circumference as estimated from live births at gestational ages from 26 to 42 weeks. *Pediatrics*. 1966;37:403-408.

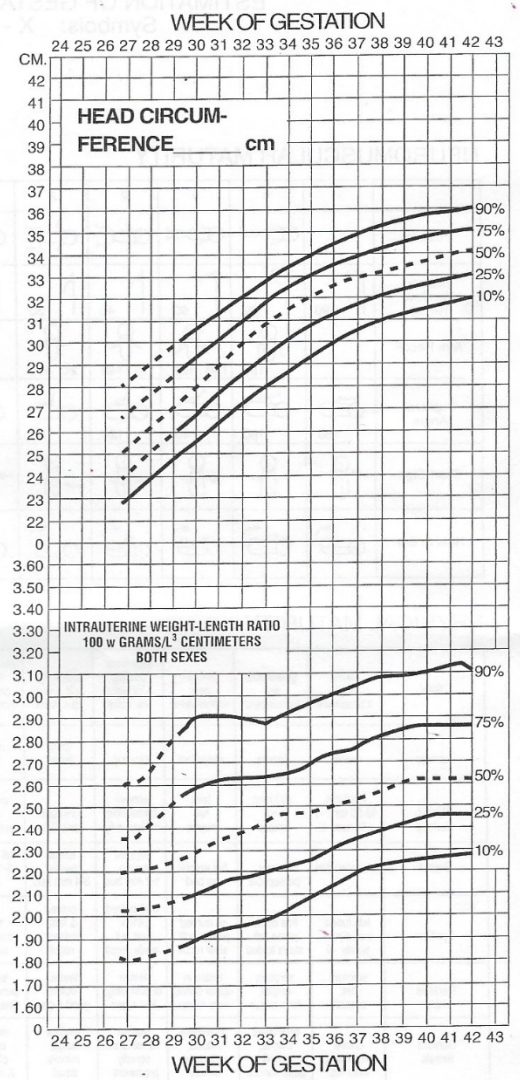
Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. *J Pediatr*. 1967;71:159-163.

CLASSIFICATION OF NEWBORNS - BASED ON MATURITY AND INTRAUTERINE GROWTH

Side 2

Symbols: X - 1st Exam O - 2nd Exam





	1st Exam (X)	2nd Exam (O)
LARGE FOR GESTATIONAL AGE **(LGA)**		
APPROPRIATE FOR GESTATIONAL AGE **(AGA)**		
SMALL FOR GESTATIONAL AGE **(SGA)**		
Age at Exam	hrs	hrs
Signature of Examiner	M.D./R.N.	M.D./R.N.

CLINIC OBSERVED H & P

NAME: _____ Date: _____

RATING SCALE

0 = Not done, but should have been
1 = Done incorrectly or incompletely
2 = Done with assistance or direction - knowledge incomplete
3 = done with minimal assistance, or complete and accurate, but room for improvement
4 = Done skillfully and completely without assistance

Professionalism		Information Gathering		Physical Examination		Information Sharing	
Introduces self		Uses open-ended questions		Washes hands		Clearly explains diagnosis	
Calls child & parent by name		Progresses with specific questions		Has child appropriately unclothed		Correctly explains management plan	
Professional appearance		Logical sequence		Minimizes discomfort		Explains reasons for recommendations	
Good eye contact		Does not ask presumptive/leading questions		Preserves modesty		Checks family's understanding of recommendations	
Avoids jargon/explains medical terms		Asks for clarification if necessary		Explains actions to parent & child		Articulates reasons for follow-up or re-contact	
Comments:		Appropriately includes child in interview		Sequence matched to cooperation level		Arranges for follow-up	
		Reflects parent's/patient's feelings		Correct exam techniques used		Solicits questions	
		History complete relative to presenting complaint		General		Comments:	
		Comments:		Head/scalp			
				Neck			
				Eyes			
				Nose/mouth/throat			
				Ears			
				Lungs			
				Cardiovascular			
				Abdomen			
				Skin			
				Skeletal			
				GU			
				Neuro			

Presentation: _____ Topic: _____

Sample Prescription
Texas Tech University Health Science Center
Paul L. Foster School of Medicine

Name: Student Prescription
Address: N/A

Age of patient:_____
Weight of patient:_____
Date: _____

Rx:

Physician's Signature:_____
Physician's Name: _____
Fatima F. Aly M.D

Sample Prescription
Texas Tech University Health Science Center
Paul L. Foster School of Medicine

Name: Student Prescription
Address: N/A

Age of patient:_____
Weight of patient:_____
Date: _____

Rx:

Physician's Signature:_____
Physician's Name:_____
Fatima F. Aly M.D

Sample Prescription
Texas Tech University Health Science Center
Paul L. Foster School of Medicine

Name: Student Prescription
Address: N/A

Age of patient:_____
Weight of patient:_____
Date: _____

Rx:

Sample Prescription
Texas Tech University Health Science Center
Paul L. Foster School of Medicine

Name: Student Prescription
Address: N/A

Age of patient:_____
Weight of patient:_____
Date: _____

Rx:

FOR USE WITH CONTINUITY PATIENT NEWBORN

ADMISSION

Date of Birth: _____ Time of Birth: _____

[redacted] _____

maternal History

G___ Para ____ Ab____ Infant Death ____ Living Children ____

PRENATAL

[ ] None [ ] TT x _____ [ ] Other _____
[ ] Diabetes Class _____ [ ] HTN [ ] Infections
[ ] Syphilis [ ] RPR [ ] HEP B [ ] HIV [ ] Rubella
[ ] GBS _____ [ ] Maternal Blood Type _____
[ ] Other _____

NATAL:

AROM _____ SROM _____ HOUR _____
Color of Fluid: [ ] Clear [ ] MEC [ ] Other _____
[ ] Medication Prior to Del. _____

APGAR _____ / _____ <8 Why _____
[ ] Cesarean Section [ ] Vaginal
Resuscitation [ ] None [ ] Yes
If yes, explain _____

PHYSICAL EXAM:

Temp _____ PR _____ RR _____ HC _____ WT _____
Length _____

Extremity BP _____ _____
RA LL

[ ] SKIN: [ ] Normal [ ] Abnormal _____
[ ] HEAD: [ ] Normal [ ] Abnormal _____
[ ] ENT: [ ] Normal [ ] Abnormal _____
[ ] EYES: [ ] Normal [ ] Abnormal _____
[ ] CARDIOVASCULAR: [ ] Normal [ ] Abnormal _____
[ ] RESPIRATORY: [ ] Normal [ ] Abnormal _____
[ ] ABDOMEN: [ ] Normal [ ] Abnormal _____
[ ] GENITALIA: [ ] Normal [ ] Abnormal _____
[ ] HIP: [ ] Normal [ ] Subluxation [ ] Dislocated
[ ] CNS: [ ] TONE [ ] MORO [ ] SUCK [ ] CRY
[ ] OTHER: _____

LAB:

HCT _____ GLU _____

IMPRESSION

[ ] Term _____ wks. [ ] AGA [ ] Female
[ ] Post Term _____ wks. [ ] SGA [ ] Male
[ ] Pre Term _____ wks. [ ] LGA

Date: ____Time:____ Physician Signature:_____

Physician Printed Name:_____

[ ] I agree with above Resident Assessment and Plan:

Date: _____ Time: _____ Faculty Signature: _____

Faculty Printed Name: _____

PROGRESS NOTE

_____
_____
_____
_____
_____

Date: _____ Time: _____ Physician Signature: _____

Physician Printed Name: _____

[ ] I agree with above Resident Assessment and Plan:

Date: _____ Time: _____ Faculty Signature: _____

Faculty Printed Name: _____

DISCHARGE

PHYSICAL EXAM:

Temp _____PR _____ RR _____ HC _____ WT _____
Length ____
Extremity BP _____ _____
RA LL

[ ] SKIN: [ ] Normal [ ] Abnormal_____
[ ] HEAD: [ ] Normal [ ] Abnormal _____
[ ] ENT: [ ] Normal [ ] Abnormal _____
[ ] EYES: [ ] Normal [ ] Abnormal _____
[ ] CARDIOVASCULAR: [ ] Normal [ ] Abnormal_____
[ ] RESPIRATORY: [ ] Normal [ ] Abnormal _____
[ ] ABDOMEN: [ ] Normal [ ] Abnormal_____
[ ] GENITALIA: [ ] Normal [ ] Abnormal _____
[ ] HIP: [ ] Normal [ ] Subluxation [ ] Dislocated
[ ] CNS: [ ] TONE [ ] MORO [ ] SUCK [ ] CRY
[ ] OTHER:
Labs: _____
Algo: _____ Blood Group_____ Coombs ( )_____
CCHD _____ _____ Pass_____ Fail_____
RH FOOT

DIAGNOSIS

[ ] Term _____ wks. [ ] AGA [ ] Female
[ ] Post Term _____ wks. [ ] SGA [ ] Male
[ ] Pre Term _____ wks. [ ] LGA
[ ] Discharge Meds _____ [ ] Vitamins

FOLLOW-UP

[ ] Area Clinic [ ] Pedi Clinic
[ ] High Risk Clinic [ ] Specialty Clinic

Date: ____Time:_____Physician Signature: _____

Printed Name: _____

[ ] I agree with above Resident Assessment and Plan:

Date: _____ Time: _____ Faculty Signature: _____

Faculty Printed Name: _____

[redacted]

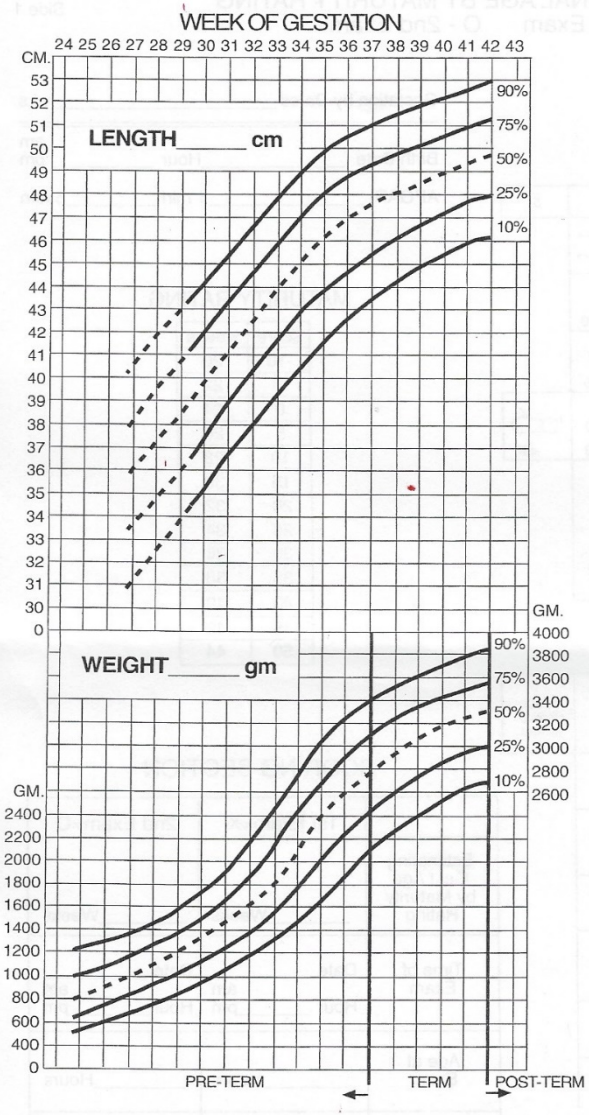
HISTORY/PHYSICAL NEWBORN

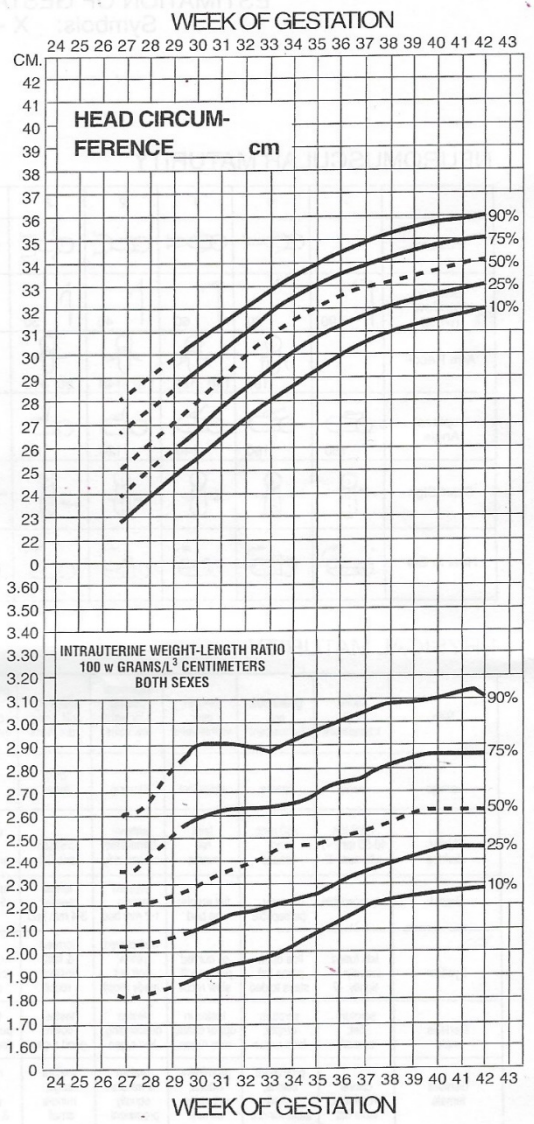
[redacted]

CLASSIFICATION OF NEWBORNS - BASED ON MATURITY AND INTRAUTERINE GROWTH

Side 2

Symbols: X - 1st Exam O - 2nd Exam





	1st Exam (X)	2nd Exam (O)
LARGE FOR GESTATIONAL AGE **(LGA)**		
APPROPRIATE FOR GESTATIONAL AGE **(AGA)**		
SMALL FOR GESTATIONAL AGE **(SGA)**		

NEWBORN MATURITY RATING & CLASSIFICATION

ESTIMATION OF GESTATIONAL AGE BY MATURITY RATING

Symbols: X - 1st Exam O - 2nd Exam

Side 1

Gestation by Dates _____ wks

Birth Date _____ Hour _____ am pm

APGAR _____ 1 min _____ 5 min

NEUROMUSCULAR MATURITY

	-1	0	1	2	3	4	5
Posture							
Square Window (wrist)	 >90	 90	 60	 45	 30	 0	
Arm Recoil		 180	 140 -180	 110 -140	 90 -110	 <90	
Popliteal Angle	 180	 160	 140	 120	 100	 90	 <90
Scarf Sign							
Heel to Ear							

MATURITY RATING

score	weeks
-10	20
-5	22
0	24
5	26
10	28
15	30
20	32
25	34
30	36
35	38
40	40
45	42
50	44

PHYSICAL MATURITY

Skin	sticky; friable; transparent	gelatinous; red; translucent	smooth; pink; visible veins	superficial peeling &/or rash; few veins	cracking; pale areas; rare veins	parchment; deep cracking; no vessels	leathery; cracked; wrinkled
Lanugo	none	sparse	abundant	thinning	bald areas	mostly bald	
Plantar Surface	heel-toe 40-50 mm: -1 <40 mm: -2	>50 mm; no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	creases over entire sole	
Breast	imperceptible	barely perceptible	flat areola; no bud	stippled areola; 1-2 mm bud	raised areola; 3-4 mm bud	full areola; 5-10 mm bud	
Eye/Ear	lids fused loosely: -1 tightly: -2	lids open; pinna flat; stays folded	sl. curved pinna; soft; slow recoil	well-curved pinna; soft but ready recoil	formed & firm; instant recoil	thick cartilage; ear stiff	
Genitals male	scrotum flat; smooth	scrotum empty; faint rugae	testes in upper canal; rare rugae	testes descending; few rugae	testes down; good rugae	testes pendulous; deep rugae	
Genitals female	clitoris prominent; labia flat	prominent clitoris; small labia minora	prominent clitoris; enlarging minora	majora & minora equally prominent	majora large; minora small	majora cover clitoris & minora	

SCORING SECTION

	1st Exam=X	2nd Exam=O
Estimating Gest Age by Maturity Rating	_____ Weeks	_____ Weeks
Time of Exam	Date _____ Hour _____ am pm	Date _____ Hour _____ am pm
Age at Exam	_____ Hours	_____ Hours
Signature of Examiner	_____ _____ M.D./R.N.	_____ _____ M.D./R.N.

Ballard JL, Khoury JC, Wedig K, et al. New Ballard Score, expanded to include extremely premature infants. *J Pediatr*. 1991;119:417-423.

Lubchenco L, Hansman C, Boyd E. Intrauterine growth in length and head circumference as estimated from live births at gestational ages from 26 to 42 weeks. *Pediatrics*. 1966;37:403-408.

Battaglia FC, Lubchenco LO. A practical classification of newborn infants by weight and gestational age. *J Pediatr*. 1967;71:159-163.

*The evaluation form pictured **below** is to be used for the Wards, Nursery, Subspecialty rotation (except NICU), and Outpatient rotations where you have ≥ 3 encounters (cumulative over Clerkship) with the evaluator.*

For use in Wards, Nursery, and Selective

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Pediatrics Clinical Assessment

STUDENT'S NAME:

EVALUATOR'S NAME:

SERVICE:

DATES OF ROTATION:

DATE OF ASSESSMENT:

KNOWLEDGE FOR PRACTICE

	Needs Improvement	Pass	Honors	N/A
Demonstrates knowledge of current peer-reviewed literature in relation to patient management.	○	○	○	○
Can compare and contrast normal variation and pathological states commonly encountered in Pediatrics.	○	○	○	○
Can apply established basic science principles in patient care.	○	○	○	○

Comments related to Knowledge for Practice

PATIENT CARE AND PROCEDURAL SKILLS

	Needs Improvement	Pass	Honors	N/A
Completes an appropriate history..	○	○	○	○
Exam is appropriate in scope.	○	○	○	○
Identifies pertinent physical findings	○	○	○	○

PATIENT CARE AND PROCEDURAL SKILLS (Continued)

	Needs Improvement	Pass	Honors	N/A
Accurately interprets commonly used laboratory results.	○	○	○	○
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.	○	○	○	○
Identifies serious conditions that require timely and specific interventions.	○	○	○	○
Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.	○	○	○	○
Appropriately documents findings.	○	○	○	○
Demonstrates competency in order and prescription writing.	○	○	○	○

Comments related to Patient Care and Procedural Skills

INTERPERSONAL AND COMMUNICATION SKILLS

	Needs Improvement	Pass	Honors	N/A
Communicates effectively with patients and families across a broad range od socio-economic and cultural backgrounds.	○	○	○	○
Presentations to faculty or resident are organized.	○	○	○	○

Comments related to Interpersonal and Communication Skills

PRACTICE-BASED LEARNING AND IMPROVEMENT

	Needs Improvement	Pass	Honors	N/A
Takes the initiative in increasing clinical knowledge and skills.	○	○	○	○
Accepts and incorporates feedback into practice.	○	○	○	○

Comments Related to Practice-Based Learning and Improvement

SYSTEMS-BASED PRACTICE

	Needs Improvement	Pass	Honors	N/A
Effectively utilizes medical care systems and resources to benefit patient health.	○	○	○	○
Demonstrates understanding of processes for maintaining continuity of care throughout transitions.	○	○	○	○

Comments related to Systems-Based Practice

PROFESSIONALISM

	Needs Improvement	Pass	Honors	N/A
Is reliable and demonstrates accountability to patients and fellow members of the health care team.	○	○	○	○
Acknowledges mistakes.	○	○	○	○
Demonstrates compassion and respect for all people.	○	○	○	○
Demonstrates honesty in all professional matters.	○	○	○	○
Protects patient confidentiality.	○	○	○	○
Dress and grooming appropriate for the setting.	○	○	○	○

Comments related to Professionalism

INTERPROFESSIONAL COLLABORATION

	Needs Improvement	Pass	Honors	N/A
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel.	○	○	○	○
Is an important, contributing member of the assigned team.	○	○	○	○
Functions effectively as a team member by preparing for collaborative experiences,	○	○	○	○

Comments related to Interprofessional Collaboration

PERSONAL AND PROFESSIONAL DEVELOPMENT

Honors must be accompanied by a detailed description of exceptional behavior or grade will revert to a "Pass".

	Needs Improvement			
Recognizes when to take responsibility and when to seek assistance.	○	○	○	○
Demonstrates flexibility in adjusting to change.	○	○	○	○
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.	○	○	○	○

Comments related to Personal and Professional Development

REQUIRED: Overall comments/Strengths/Weaknesses

I have discussed this assessment with the student. ☐ Yes ☐ No

Assessor's Signature

Student's acknowledgment and date of review

I acknowledge that I have received and reviewed the above evaluation. I understand that my signature does not constitute agreement with the evaluation, only receipt and review.

July 24, 2015

*The evaluation card pictured **below** is to be used for the Outpatient rotations where you have < 3 encounters (cumulative over Clerkship) with evaluator.*

CLINIC DAILY EVALUATION

Student: _____ **Date**: _____

Location: ☐ General Clinic ☐ Specialty Clinic

Observation of Clinical Encounter

*Evaluation Scale: **1** – Below Expectations **2** – Meets Expectations **3** – Exceeds Expectations*

Any Below Expectations requires comments on back

1. Medical Knowledge:	1	2	3	N/A
2. Data Gathering:	1	2	3	N/A
3. Physical Examination:	1	2	3	N/A
4. Clinical Reasoning:	1	2	3	N/A
5. Communication Skills:	1	2	3	N/A

6. Professionalism: Below Expectations Meets Expectations Exceeds Expectations

1 Professionalism: Below Expectations Meets Expectations

COMMENTS (Mandatory):

Assessment Forms used in the Surgery Clerkship[FM1]

Surgery Assessment

Below are brief summaries on how you will be evaluated weekly and on your final grade:

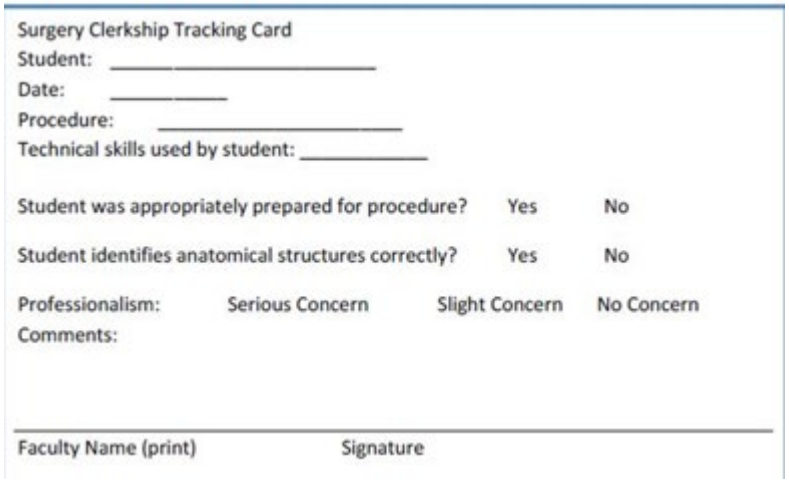
General Surgery Weekly Clinical Evaluation Form
Medical Knowledge • **Demonstrates knowledge of normal anatomy in surgical context.** • **Recognizes surgical pathology** • **Can discuss evidence-based principles in surgical care, including pre-op testing and care, choice of surgical intervention, and post-op care**
Patient Care • **Completes an appropriate history** • **Exam is appropriate in scope** • **Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings** • **Identifies serious conditions that require timely and specific interventions** • **Develops a treatment plan appropriate to the patient** • **Organize and prioritize responsibilities in order to provide care that is safe, effective, and efficient**
Interpersonal and Communication Skills • **Communicates clearly with patients, families, etc.** • **Presentations to faculty or resident are organized**
Practiced-Based Learning and Improvement • **Takes the initiative in increasing clinical knowledge and skills, for example, identifies a learning issue on rounds or in the OR and reports back to the team/resident** • **Receptive to constructive criticism**
System-Based Practice • **Incorporate consideration of benefits, risks, and costs in patient care** • **Demonstrate the ability to work with social worker or case manager to identify community based resources for their patients.**

Professionalism/Ethics • **Is reliable and dependable (reports for duty on time and stays on duty until expiration of duty hours or until dismissed)** • **Acknowledges mistakes** • **Displays compassion and respect for all others regardless of age, race, ethnicity, gender, sexual orientation, etc.** • **Demonstrates honesty in all professional matters** • **Protects patient confidentiality** • **Dress and grooming appropriate for the setting**
Personal and Professional Development • **Recognizes when to take responsibility and when to seek assistance**
Comment on opportunities for improvement
Overall comments on strengths/weaknesses

NOTE: Students at UMC should keep a list of all cases that they participate in (pt. initials, surgery performed, resident name and attending name) and submit them to coordinator at the end of the 3 week general surgery rotation. This will help us identify who to ask for an evaluation. We will also solicit evaluations from residents. Students may ask the coordinator to give an evaluation to a particular resident if more are needed.

Clinical Evaluation Tracking Cards

These cards will be used only during your UMC General Surgery rotation to facilitate real time feedback for your own professional development as well as to be used at mid-clerkship feedback. The Program Coordinator will provide these cards to you on the first day of your rotation. Please give to residents and/or faculty at the completion of cases. Four cards will be due the 2nd Tuesday of your rotation. You will hand them in to the Program Coordinator.



Surgery Clerkship Tracking Card
Student: _____
Date: _____
Procedure: _____
Technical skills used by student: _____

Student was appropriately prepared for procedure? Yes No

Student identifies anatomical structures correctly? Yes No

Professionalism: Serious Concern Slight Concern No Concern
Comments:

_____
Faculty Name (print) Signature

**Please note these cards will not be entered into the TTAS system; however, they will be in your file that the Program Coordinator has and will be available for you to view at any time.*

Surgery MS3 Mid-Clerkship Assessment v.1

Professionalism

Planned date of discussion

Actual date of discussion

Please Explain Why Assessment was not Completed as Scheduled

Review of evaluations with the student

Synopsis of discussion with the student

Areas that would yield the greatest improvement in the student's skills

Strongest skill areas

Required clerkship-specific activities - Please indicate how the clerk is performing on quizzes, presentations, documented H&P's, etc

OpLog - Discuss student's oplog documentation and any areas where the students does not appear on track. Identify date when student should come back to see you if he/she has not yet met the