

Pediatrics 1 Checklist

This checklist is designed to help us determine if we are meeting our goals as a clerkship.

Please turn in this checklist to **Trevor Monteith, Student Coordinator** at the time of the NBME Pediatric Subject (Shelf) Exam.

Student Name: _____

Rotation Number (check one):

Check	Section	Start Date	End Date
	720-01	6/29/2009	7/31/2009
	720-02	8/3/2009	9/4/2009
	720-03	9/8/2009	10/9/2009
	720-04	10/12/2009	11/13/2009
	720-05	1/4/2010	2/5/2009
	720-06	2/8/2010	3/12/2009
	720-07	3/22/2010	4/23/2009
	720-08	4/26/2010	5/28/2009

I was observed performing a pediatric history and physical by Dr. _____

I was given feedback on my performance of doing an H + P by Dr. _____

I was given feedback on my written chart notes by Dr. _____

I was given in-person Midterm Feedback by Dr. _____

I completed my clerkship procedure log Yes No