

Pediatrics Outpatient and Newborn Evaluation

2025-2026

I am completing this evaluation on behalf of: (if applicable)

Data Gathering Skills				
History Taking	Gathers completely insufficient information	Gathers some information or occasionally too much information. History may be poorly organized.	Obtains an appropriate history in an organized fashion. History is structured and learner cannot alter based on patient responses.	Obtains a complete history in an organized fashion. Learner is able to pivot structure of interview and ask appropriate follow up questions based on patient responses.
Physical Exam	Unable to complete pediatric physical exam or cannot identify normal vs. abnormal.	Identifies and describes normal exam findings	Identifies and describes normal and abnormal findings. Exam is structured and learner cannot adjust based on situation.	Routinely Identifies and describes normal and abnormal exam findings and adjusts the order of exam/ technique based on situation.
Knowledge Application and Analytical Skills				
Organizing differential diagnosis	Unable to formulate a differential diagnosis despite coaching.	Can construct a basic differential diagnosis with coaching.	Constructs a basic differential diagnosis for common presentations independently.	Independently constructs and prioritizes differential diagnosis for common presentations.
Clinical Reasoning	Unable to articulate a clinical impression.	Inconsistently able to articulate a clinical impression	Consistently able to articulate a reasonable clinical impression but has difficulty integrating new	Consistently able to articulate a reasonable clinical impression and update accordingly as

			information as it emerges.	new information emerges.
Rationale for ordering tests	Unable to justify or recognize use of testing.	Inappropriately recommends tests.	Recommends mostly appropriate and patient-centered testing.	Recommends consistent evidence-based and patient-centered testing.
Presentation and/or Documentation skills	Presents and/or documents in a disorganized fashion, no chronology to history, often not prepared to present	Presents and/or documents acceptable delineation of primary problems with occasional “holes” in characterization, chronology, and diagnostic information	Presents and/or documents history in organized chronological fashion, but has an underdeveloped assessment and plan	Consistently filters, synthesizes, and prioritizes information into a well-organized presentation/ documentation with a well-reasoned assessment and plan
Interpersonal and Communication Skills				
Compassionate relationships with patients/families	Insensitive, disrespectful, or arrogant. Unable to establish rapport with patients/ families.	May have difficulty establishing rapport with patients/ families OR is able to establish superficial rapport but is not viewed by family as true member of care team.	Relates well to most patients and families. Viewed as trusted member of care team.	Easily establishes rapport with patients and families, even amidst complex circumstances.
Professional relationships with colleagues	Does not take initiative to interact with interprofessional team members OR unable to establish rapport with colleagues	Exhibits limited OR sometimes negative interactions with interprofessional team members	Generally positive interactions with interprofessional team members; seeks input from non-physician team members	Consistently positive interactions with interprofessional team members AND consistently acknowledges/ incorporates their input in patient care

Professionalism				
Demonstrates commitment to self-learning, seeking feedback, and knowing limitations	May demonstrate overconfidence by not seeking help or lacks awareness of limitations and gaps in own personal knowledge	Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience; tries to change with feedback but may not be successful	Open and accepting of feedback to improve knowledge, skill, and experience	Initiates help-seeking behavior and seeks feedback; recognizes limitations and integrates input from others to improve
Appropriate attendance, punctual, and accepts responsibility	Frequently inappropriate behavior (unavailable, not reliable, inappropriate attire, erratic attendance, or socially aggressive) OR a major lapse in professionalism	Occasional inappropriate behavior (poor confidentiality, poor choice of language, occasionally late)	Meets expected standards for professionalism (punctual, demonstrates mutual respect with patients and team members)	Consistently meets high professional standards (follows through on tasks, punctual, behaves ethically, maintains poise under pressure, admits mistakes and changes behavior).

Narrative Comments: Please include at least 4 sentences with specific examples where possible: