



STRUCTURED CLINICAL OBSERVATION
Children's National Medical Center
Third-year Pediatrics Clerkship

Student: _____ Date: _____

Preceptor: _____

Patient Age: _____ Patient Gender M F

Student: Give this form to a preceptor before going to see a patient; tell the preceptor which room you will be in.

Preceptor: Indicate the portion of visit and particular items observed.

Data Gathering	Physical Examination	Information Giving
<input type="checkbox"/> CC/HPI	<input type="checkbox"/> HEENT	<input type="checkbox"/> Anticipatory guidance
<input type="checkbox"/> Past Medical History (includes perinatal, allergies, immunizations, present meds, exposures)	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Management/discharge instructions
<input type="checkbox"/> Status of Health Maint.	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Other
<input type="checkbox"/> Nutritional History	<input type="checkbox"/> Abdominal	
<input type="checkbox"/> Review of S ^y stems	<input type="checkbox"/> Genitourinary	
<input type="checkbox"/> Family History	<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Social/Environmental History	<input type="checkbox"/> Neurologic	

Specific Observations or Comments (see Skill Guidelines on other side of page):

Key feedback Points:

- 1.
- 2.
- 3.