

Pediatric Clerkship Examination Checklist

Date _____ Student _____ Observer _____

Pediatric Examination

<p>General</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introduces self/preceptor <input type="checkbox"/> Uses appropriate exam sequence <input type="checkbox"/> Puts Child at Ease <p>Head</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpates <input type="checkbox"/> Examines hair <p>Eyes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check red reflex <input type="checkbox"/> Conjunctiva/sclera <input type="checkbox"/> Extra ocular movements <input type="checkbox"/> Fundoscopic exam <p>ENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> External ear exam <input type="checkbox"/> Visualizes TM <input type="checkbox"/> Checks response to voice <input type="checkbox"/> Checks nose/mucosa <input type="checkbox"/> Notes state of dentition/gingiva <input type="checkbox"/> Examines Tonsils/pharynx <p>Neck</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpates lymphatic chain <input type="checkbox"/> Checks for masses <p>Skin</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notes presence/absence of rashes <i>Able to describe</i> <p>Lymphadenopathy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpates: neck axilla groin <p>Thorax</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symmetry <input type="checkbox"/> Breast tissue <ul style="list-style-type: none"> <input type="checkbox"/> Palpates for masses <input type="checkbox"/> Tanner stage <p>Lungs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observes rate, depth of breathing <input type="checkbox"/> Palpates/percusses chest <input type="checkbox"/> Auscultates (with correct findings) 	<p>Cardiovascular</p> <ul style="list-style-type: none"> <input type="checkbox"/> Palpates PMI <input type="checkbox"/> Auscultates <input type="checkbox"/> Correctly identifies murmurs <input type="checkbox"/> Check pulses Neck wrist groin feet <p>Gastrointestinal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Auscultates for bowel sounds <input type="checkbox"/> Percusses <input type="checkbox"/> Palpates for <ul style="list-style-type: none"> <input type="checkbox"/> Masses <input type="checkbox"/> Liver edge <input type="checkbox"/> Spleen <input type="checkbox"/> Tenderness <p>Musculoskeletal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Checks for clubbing, cyanosis <input type="checkbox"/> Check strength in all extremities <input type="checkbox"/> Check ROM <ul style="list-style-type: none"> <input type="checkbox"/> Upper extremities <input type="checkbox"/> Lower extremities <input type="checkbox"/> Scoliosis <p>GU</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tanner stage <table style="margin-left: 20px; border: none;"> <tr> <td>Male</td> <td>Phallus</td> <td>Testes</td> <td>Pubic hair</td> </tr> <tr> <td>Female</td> <td>Vulva/pubic hair</td> <td></td> <td></td> </tr> </table> <p>Neurological</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cranial Nerves <input type="checkbox"/> DTRS <input type="checkbox"/> Sensation <input type="checkbox"/> Cerebellar function <input type="checkbox"/> Babinski <input type="checkbox"/> Gait (if patient able) <input type="checkbox"/> Affect/mental status 	Male	Phallus	Testes	Pubic hair	Female	Vulva/pubic hair		
Male	Phallus	Testes	Pubic hair						
Female	Vulva/pubic hair								

Overall Performance:

- Satisfactory (performed >70% of maneuvers correctly without instruction)
- Needs improvement (performed >70% of maneuvers correctly but with significant instruction)
- Unsatisfactory (performed < 70% of maneuvers correctly)

Additional Comments: