

Pediatric Neurology Outpatient Resident Evaluation

Name of Resident: _____

Month/Year of Rotation: _____

This Resident has shown basic competencies in understanding the causes, diagnostic work up, treatment, and patient counseling for each of the following common outpatient neurological disorders:

Yes / No*

/ Global Developmental Delay/Hypotonia/Autism Spectrum Disorders

/ Common Childhood Migraine and other Pediatric Headache Disorders:

/ Mild Pediatric Head Trauma and Concussion:

/ Febrile Seizures:

/ Childhood Epilepsies and Childhood Focal Unprovoked Seizures:

/ Attention Deficit Disorder and Related Co-Morbid Conditions:

This Resident has demonstrated competence in performing all components of the Neurological Examination.

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This Resident has shown competency in taking a pertinent medical history, creating reasonable differential diagnoses and diagnostic evaluations as well as coming up with appropriate treatment plans and counseling for patients with neurological disorders.

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This Resident has successfully answered all of the assigned written questions

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Grading Scheme: **1:** Significant Deficiencies, **2:** Below Expected Level, **3:** At Expected level,

4: Above Expected Level, **5:** Exceeds Expected Level

Name of Resident: _____

Assigned Grade for Clinical Skills (1-5): _____

Assigned Grade for Neurological Exam Skills: _____

Assigned Grade for Written Questions: _____

****Final Grade** Assigned to Resident for the Outpatient Pediatric Neurology Course (average of above 3 assigned grades): _____

Narrative Comments Concerning Resident's Performance during the course:

* Please explain any deficiencies in basic competencies listed above as well as attempts at remediation:

** If course is "Incomplete", please list what must be accomplished for the student to complete the course:

Signature of Faculty Member completing this form: _____

Date Evaluation Completed: _____