**EVALUATION TOOL FOR THE CLINICAL CASE REPORT**

**STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CRITERIA** | | | | | | | **RATE** | **REMARKS** | | | |
| **RATING SCALE TO BE USED. NO DECIMAL POINTS PLEASE** | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 8 | 9 | 10 |
| **1 – 3 needs improvement 4 – 6 Deficiencies but Acceptable**  **7 – 9 very well executed with only minor deficiencies 10 = outstanding** | | | | | | | | | | | |
| **CLINICAL HISTORY: The student must have given the following information about the patient** | | | | | | | RATE | REMARKS | | | |
| 1. General data/ profile of the patient and chief complaint | | | | | | |  |  | | | |
| 1. Chief complaint and main reason for the consultation | | | | | | |  |  | | | |
| 1. Sequential narrative of the history of present illness | | | | | | |  |  | | | |
| 1. Past Medical and any current co morbidity and how it is being managed…. Including drugs and status | | | | | | |  |  | | | |
| 1. Family history – genogram of household | | | | | | |  |  | | | |
| 1. Personal social – lifestyle | | | | | | |  |  | | | |
| 1. Psychosocial context of the patient – personal thoughts and feelings , expectations and impact of current medical problem; family context if relevant to medical problem | | | | | | |  |  | | | |
| 1. Immunization history | | | | | | |  |  | | | |
| 1. Review of systems | | | | | | |  |  | | | |
| **PHYSICAL EXAM FINDINGS:** | | | | | | |  |  | | | |
| 1. Head and neck | | | | | | |  |  | | | |
| 1. Chest and Cardio-pulmonary | | | | | | |  |  | | | |
| 1. Abdominal exam | | | | | | |  |  | | | |
| 1. Musculoskeletal exam and skin findings | | | | | | |  |  | | | |
| 1. Neurologic exam | | | | | | |  |  | | | |
| 1. Any special exam indicated because of patient’s medical problem | | | | | | |  |  | | | |
| **WORKING DIAGNOSIS** | | | | | | |  |  | | | |
| 1. Identified the main medical problem of the patient pertinent to the main reason for consultation 2. Identified other problems patient may have | | | | | | |  |  | | | |
| **PROPOSED MANAGEMENT** | | | | | | |  |  | | | |
| 1. Diagnostic confirmatory tests if needed | | | | | | |  |  | | | |
| 1. Pharmacologic intervention | | | | | | |  |  | | | |
| 1. Non pharmacologic intervention | | | | | | |  |  | | | |
| 1. Preventive care recommendations | | | | | | |  |  | | | |
| 1. Referrals if indicated | | | | | | |  |  | | | |