

**PRE & POST CLERKSHIP ASSESSMENT/COMMON PROBLEMS**

Rating Scale

- Experience:** 1-I have not seen this problem or had this experience.  
 2-I have infrequently dx/rx this problem or performed this task (1-3 x only).  
 3-I have frequently dx/rx this problem or performed this task (more than 3 x).
- Confidence:** 1-I do not feel comfortable with this problem/skill & would need thorough and regular consultation at this point in my training.  
 2-I can make some decisions and do some preliminary work with this problem/skill but would need some supervision/advice in completing the work.  
 3-I can often diagnose/treat this problem or perform this clinical skill, with direct supervision confirming my decision making.

**DARKEN THE CIRCLES COMPLETELY, ALL ERASURES MUST BE COMPLETE.**

**Please make your marks as follows: CORRECT ● INCORRECT ○ ○ ○**

**PRE-CLERKSHIP ASSESSMENT**

**POST-CLERKSHIP ASSESSMENT**

<u>Experience</u>			<u>Confidence</u>				<u>Experience</u>			<u>Confidence</u>		
1	2	3	1	2	3		1	2	3	1	2	3
○	○	○	○	○	○	HEADACHE	○	○	○	○	○	○
○	○	○	○	○	○	COUGH	○	○	○	○	○	○
○	○	○	○	○	○	CHEST PAIN	○	○	○	○	○	○
○	○	○	○	○	○	ABDOMINAL PAIN	○	○	○	○	○	○
○	○	○	○	○	○	ABNORMAL VAGINAL DISCHARGE	○	○	○	○	○	○
○	○	○	○	○	○	ABNORMAL VAGINAL BLEEDING	○	○	○	○	○	○
○	○	○	○	○	○	DYSMENORRHEA/AMENORRHEA	○	○	○	○	○	○
○	○	○	○	○	○	DYSURIA/UTI	○	○	○	○	○	○
○	○	○	○	○	○	BACK PAIN	○	○	○	○	○	○
○	○	○	○	○	○	JOINT PAIN	○	○	○	○	○	○
○	○	○	○	○	○	COMMON SKIN RASHES	○	○	○	○	○	○
○	○	○	○	○	○	FEVER	○	○	○	○	○	○
○	○	○	○	○	○	FATIGUE	○	○	○	○	○	○
○	○	○	○	○	○	HYPERTENSION	○	○	○	○	○	○
○	○	○	○	○	○	ISCHEMIC HEART DISEASE	○	○	○	○	○	○
○	○	○	○	○	○	OTITIS MEDIA	○	○	○	○	○	○
○	○	○	○	○	○	ALLERGIES	○	○	○	○	○	○
○	○	○	○	○	○	ASTHMA	○	○	○	○	○	○
○	○	○	○	○	○	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	○	○	○	○	○	○
○	○	○	○	○	○	DYSLIPIDEMIAS	○	○	○	○	○	○
○	○	○	○	○	○	DIABETES MELLITUS	○	○	○	○	○	○
○	○	○	○	○	○	OBESITY	○	○	○	○	○	○
○	○	○	○	○	○	SMOKING	○	○	○	○	○	○
○	○	○	○	○	○	DEPRESSION	○	○	○	○	○	○
○	○	○	○	○	○	CONTRACEPTIVE MANAGEMENT	○	○	○	○	○	○
○	○	○	○	○	○	HEALTH MAINTENANCE	○	○	○	○	○	○
○	○	○	○	○	○	ALTERED MENTAL STATUS/DEMENTIA	○	○	○	○	○	○
○	○	○	○	○	○	SKIN RASH	○	○	○	○	○	○
○	○	○	○	○	○	DOMESTIC VIOLENCE	○	○	○	○	○	○
○	○	○	○	○	○	MENINGITIS	○	○	○	○	○	○
○	○	○	○	○	○	PNEUMONIA	○	○	○	○	○	○
○	○	○	○	○	○	SLEEP DISORDER	○	○	○	○	○	○
○	○	○	○	○	○	STROKE	○	○	○	○	○	○
○	○	○	○	○	○	ANXIETY	○	○	○	○	○	○

**PRE & POST CLERKSHIP ASSESSMENT/CLINICAL SKILLS**

Rating Scale

- Experience:**  
 1-I have not seen this problem or had this experience.  
 2-I have infrequently dx/rx this problem or performed this task (1-3 x only).  
 3-I have frequently dx/rx this problem or performed this task (more than 3 x).
- Confidence:**  
 1-I do not feel comfortable with this problem/skill & would need thorough and regular consultation at this point in my training.  
 2-I can make some decisions and do some preliminary work with this problem/skill but would need some supervision/advice in completing the work.  
 3-I can often diagnose and/or treat this problem or perform this clinical skill, with direct supervision confirming my decision making.

**DARKEN THE CIRCLES COMPLETELY, ALL ERASURES MUST BE COMPLETE.**

**Please make your marks as follows: CORRECT ● INCORRECT ○ ○ ○**

**PRE-CLERKSHIP ASSESSMENT**

**POST-CLERKSHIP ASSESSMENT**

<u>Experience</u>			<u>Confidence</u>				<u>Experience</u>			<u>Confidence</u>		
1	2	3	1	2	3		1	2	3	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	INTERVIEW A FAMILY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TAKE AN ALCOHOL HISTORY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DO A HOME VISIT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	INJECT TRIGGER POINTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	"I & D" - SUPERFICIAL SKIN ABSCESS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EXCISE SKIN LESION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	REPAIR LACERATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CRYOTHERAPY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	APPLY A SHORT ARM CAST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM INDIRECT LARYNGOSCOPY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OBSERVE A FLEXIBLE SIGMOIDOSCOPY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM RECTAL EXAM & OCCULT BLOOD TESTING OF STOOL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM PELVIC EXAM WITH PAP SMEAR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TEACH SELF-EXAMINATION OF BREAST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM AN EKG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM AN AUDIOGRAM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM A SPIROMETRY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GIVE A PPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PHLEBOTOMY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GIVE IM/SQ INJECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WET MOUNT/KOH PREP ON VAGINAL SECRETION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	COMPLETE URINE ANALYSIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM STREP SCREEN/CULTURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM GC CULTURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PERFORM PREGNANCY TEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SMOKING CESSATION COUNSELING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	NUTRITIONAL COUNSELING FOR LIPID DISORDER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ACCESS MEDICAL INFORMATION FROM THE INTERNET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ACCESS MEDICAL INFORMATION VIA SEARCH SERVICES, E.G. MEDLINE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>