**FICHA DE IDENTIFICACIÓN**

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| --- | --- | --- | --- | --- | --- |
| Nombre del alumno: |  | | | Matrícula: | |
| Nombre del alumno: |  | | | Matrícula: | |
| Nombre del alumno: |  | | | Matrícula: | |
| Fecha de aplicación: | | | Período | | |
| Experiencia educativa |  | 1° Agosto-Enero | | | 2° Febrero-Julio |

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| --- | --- | --- | --- | --- |
| Nombre del paciente |  | | | Firma de consentimiento |
| Familiar responsable |  | | |  |
| Consulta | 1ª vez | Subsecuente | No. Expediente |  |

**CRITERIOS A EVALUAR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.Presentación y saludo** | Si | No | **2.Introduce la consulta** | Si | No | Observaciones al procedimiento: |
| **3.Permite tribuna libre** | Si | No | **4.Motivo de atención** | Si | No |  |
| **5.Identifica factores de mal pronóstico/riesgo**  **(Interrogatorio dirigido de antecedentes)** | | | | Si | No |
| Realiza evaluación clínica: | **6.Semiología de P.A** | | | Si | No |
| **7.Exploración física completa** | | | Si | No |
| **8.Análisis de somatometría** | | | Si | No |
| **9.Establece la clasificación/diagnóstico integral** | | | | Si | No |
| **10.Proporciona tratamiento adecuado** | | | | Si | No |
| **11.Realiza orientación-consejería** | | | | Si | No |
| **12.Establece seguimiento del caso** | | | | Si | No |
| **13.Se despide correctamente** | | | | Si | No |

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| **14.Observaciones a la atención médica** | | | | | | | | | | | | | | | | |
| 1. Motivo de atención | | | | | |  | | | | | | | | | | |
| 1. Identif de factores de mal pronóstico | | | | | |
| 1. Evaluación clínica y clasificación | | | | | |
| 1. Tratamiento adecuado | | | | | |
| 1. Capacitación- Orientación-Consejería | | | | | |
| 1. Seguimiento del caso | | | | | |
| **15.**  **Presentación** | Uniforme | Si | | No | Bata | | Si | | No | Gafete | | Si | No | | Higiene personal | |
| **16. Lenguaje** | Verbal | Si | | No | No verbal | | Si | | No | Paralenguaje | | Si | No | | Si | No |
| **17. Equipo médico** | Estetoscopio | | Termómetro | | | | | Lámpara | | | Abate-lenguas | | | E. Diagnóstico | | |

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| **Firma del alumno** | **Nombre y firma del académico** |
|  |  |

**CONCENTRADO DE PONDERACIÓN DE LA EVALUACIÓN DE DESEMPEÑO EN CONSULTA EXTERNA**

**DOCENTE: EXPERIENCIA EDUCATIVA: NRC:**

**FECHA: PERIODO: No. de consulta**

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| **NOMBRE DEL ALUMNO/ALUMNOS (EQUIPO)** | | **CRITERIOS** | | | | | | | | | | | | | | | |  | **PUNTUACIÓN FINAL** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nota: Este concentrado puede ser anexado como evidencia al portafolio docente.**

Nombre y firma de evaluador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_