	June	2010
STUDENT	NAME:	

This form may be filled out by a resident or attending

	Observed ration	it Encounter recadack	rorm
Faculty/Resident:		Rotation & Date:	

Please circle the number corresponding to the students' performance in each area, irrespective of training level Unsatisfactory = Several behaviors performed inadequately or missed (ratings 1, 2 or 3) Satisfactory = Most behaviors performed acceptably (ratings 4, 5 or 6); satisfactory performance is described below Superior = All behaviors performed very well (ratings 7, 8 or 9)

MEDICAL INTERVIEW	UNSA	TISFAC	TOR'	Y SATISFACTORY	SUPERIOR		OR	NOT APPLICABL
MEDICAL INTERVIEW  1. Initiating interview	t	2	3	4 5 6	7	8	9	N/A
				Greets patient; introduces self clearly; begins process of building rapport through appropriate eye contact, relaxed body language &				
2. Taking history-content	1	2	3	pleasant affect 4 5 6	7	8	9	N/A
				Elicits description of symptoms and sequence of events; obtains relevant background information such as past medical history, relevant social & occupational information; elicits patient's concerns/worries; identifies, confirms & characterizes patient problem				
3. Taking history-process	1	2	3	4 5 6	7	8	9	N/A
BUVCICAL EVAMINATION				Listens attentively; allows patient to complete statements without interruption; uses concise, easily understood questions & comments; appropriately uses open & closed questioning techniques; facilitates patients responses verbally & nonverbally; redirects patient as needed				
PHYSICAL EXAMINATION  Screening intimate partner violence		2	3	4 5 6	~			X1/4
v. Sereening minimate parties violence	•	2	,	4 5 6 Listens attentively; allows patient to complete statements without interruption; uses concise, easily understood questions & comments	7	8	9	N/A
5. Preparing for exam	i	2	3	4 5 6	7	8	9	N/A
				Explains exam before beginning it; has necessary				
5. Conducting exam-content	ı	2	3	equipment/material at hand 4 5 6	7	8	9	N/A
				Conducts an appropriate non-genitourinary exam	•	ŭ		1011
7. Conducting breast examination	l	2	3	4 5 6 Is sensitive to patient comfort; uses vertical lines beginning at axilla; examines supraclavicular axillary LN's	7	8	9	N/A
3. Conducting speculum examination	i	2	3	4 5 6	7	8	9	N/A
). Complementary bit assessed as a self-self-		_	_	Conducts an appropriate & complete genitourinary exam		-		
). Conducting bi-manual examination	1	2	3	4 5 6 Conducts an appropriate & complete genitourinary exam	7	8	9	N/A
0. Conducting exam-process	1	2	3	4 5 6	7	8	9	N/A
CLINICAL JUDGMENT				Conducts exam in a logical and efficient sequence; is sensitive to patient comfort; is respectful of patient's privacy				.,,,
1. Assessing the information	1	2	3	4 5 6	7	8	9	N/A
				Obtains sufficient information from interview & exam to include or exclude likely, relevant, significant conditions; selectively orders or performs appropriate diagnostic studies as needed				
2. Identifying the problem	1	2	3	4 5 6	7	8	9	N/A
				Synthesizes information to make a clinically appropriate working				
3. Addressing the problem	1	2	3	diagnosis 4 5 6	7	8	9	N/A
				Develops a plan that is appropriate for the working diagnosis & reflects a good understanding of current accepted practices; addresses patient's concerns & preferences	•	J	7	IVA
EXPLANATION & PLANNING		_						
4. Explaining the problem	1	2	3	4 5 6 Explains assessment clearly & uses non-technical language; provides the correct amount & type of information; checks for patient understanding; response to patient emotion & reassures patient as appropriate	7	8	9	N/A
5. Discussing the plan	1	2	3	4 5 6	7	8	9	N/A
				Describes plan clearly & uses non-technical language gives reason for plan; discusses relevant benefits & risks; checks for patient receptiveness to plan; explores possible compliance issues; negotiates, educates & counsels as needed	•	Ü	,	N/A
5. Closing the session	1	2	3	4 5 6	7	8	9	N/A
lease provide specific feedback to the	e studer	nt as to	how t	Summarizes assessment & plan; discusses next steps hey can improve on their history and physical				