**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotation/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisory Resident: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STRUCTURED CLINICAL OBSERVATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | N/A | **DATA GATHERING**  ACGME Competencies: ***Patient Care, Communication Skills, Medical Knowledge*** |
|  |  |  | Allows patient/parent to complete opening statement. |
|  |  |  | Starts with open ended questions. |
|  |  |  | Explicitly elicits patient's/parent's beliefs about causes of the illness or problem. |
|  |  |  | Explicitly elicits patient's/parent's expectations about possible treatment options. |
|  |  |  | Asks specific questions about cultural, religious, spiritual, or ethical values and nontraditional therapies. |
|  |  |  | Asks about life events & circumstances that might affect the patient's health/ treatment. |
|  |  |  | Asks about family members or significant others who live in the home or care for the child |
|  |  |  | Asks for clarification if necessary. |
|  |  |  | Proceeds with logical sequencing of question. |
|  |  |  | Provides summary of discussion before changing topics. |
|  |  |  | **INTERPERSONAL SKILLS**  ACGME Competencies: ***Communication Skills, Professionalism*** |
|  |  |  | Introduces self. |
|  |  |  | Asks patient/parent what she likes to be called and then uses this name. |
|  |  |  | Appropriate includes child in interview. |
|  |  |  | Actively listens using nonverbal techniques (eye contact, nodding). |
|  |  |  | Actively listens using verbal techniques (“I understand”). |
|  |  |  | Legitimizes patient’s / parent’s feelings or concerns (“you seem upset, sad, angry”). |
|  |  |  | Deals effectively with language barriers. |
|  |  |  | Demonstrates sensitivity to health beliefs and religious or spiritual issues. |
|  |  |  | **PHYSICAL EXAMINATION**  ACGME Competencies: ***Patient Care*** |
|  |  |  | Washes hands. |
|  |  |  | Explains exam to child / parent. |
|  |  |  | Sequence of exam matches cooperation level. |
|  |  |  | Includes appropriate elements of exam, leaves out irrelevant elements. |
|  |  |  | Correct technique. |
|  |  |  | **INFORMATION GIVING**  ACGME Competencies: ***Patient Care, Communication Skills, Professionalism*** |
|  |  |  | Avoids jargon; explains medical terms used. |
|  |  |  | Explains diagnosis and diagnostic tests needed; obtains consent as needed. |
|  |  |  | Explains management plan. |
|  |  |  | Explains need for follow-up. |
|  |  |  | Uses visual and written reinforcement. |
|  |  |  | Includes patient / parent in choices and decisions. |
|  |  |  | Adapts plan as needed to suit individual circumstances. |
|  |  |  | Adapts plan as needed to suit individual cultural or health beliefs. |
|  |  |  | Checks for mutual understanding of treatment plan. |
|  |  |  | Solicits questions. |
|  |  |  | Asks about patient / parents ability and willingness to follow treatment recommendations. |
|  |  |  | Adapts language and concepts to the family’s educational level. |
|  |  |  | Explains when, why, how family should contact physician. |
|  |  |  | Explains confidentially to parent / teen. |

*Evaluator signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluatee signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*