Behavioral Anchors for Clinical Encounter Evaluation

Completeness and Efficiency of History	Below Expected	Expected	Above Expected
Rapport	θ Misses opportunities to give emotional feedback to patient θ Developmentally or culturally inappropriate interactions with patient θ Judgmental in an offensive way	θ Appropriately expresses sympathy or praise to patient θ Uses verbal and non-verbal cues to show attention to patient θ Patient feels comfortable with student	θ Comfortable with extreme emotions in patients θ Patient and student both relaxed with interaction θ warm, friendly, smiling with flowing conversation θ Patient would chose to come back to this doctor
Question Type	θ Fails to give patient opportunity to tell story ie. through open ended questions and not interrupting θ Patient seems confused by questions that are asked	θ Starts with open ended questions, gives patients several opportunities to remain open θ Narrows to more closed questions to get disease specific information θ Questions are clear and concise	θ Allows patient to guide interview, ie. able to gather specific data when it is given then back up to more general data θ Able to ask questions that get information from difficult patients
Complete HPI	θ Only obtains insufficient information or closes prematurely θ Student bounces between sections of HPI in disorganized fashion	θ Gathers appropriate cardinal 7 θ Organized structure to questions θ Gets all information needed to form appropriate diagnositic and management plan	θ Clarifies subtleties in story and appropriately explores information in detail (ie. "I wake often at night", student finds out exactly why) θ Information gathered efficiently
Pertinent ROS	θ Insufficient ROS θ Ask ROS questions without thought to how they apply to this patient	θ Ask ROS questions which are relevant to chief complaint θ Obtains pertinent + and - data	θ Asks general screening ROS questions that are appropriate for life-stage of patient θ Asks screening ROS question for an organ system then drills down in that system as needed
PMH	θ Insufficient PMH obtained for patient circumstances	θ Asks open ended question about medical hx θ Asks specific PMH questions that are relevant to the chief complaint (ie. asking coughing pt. if they have ever wheezed before)	θ Clarifies subtleties or omissions in PMH
Focused FH	θ Insufficient FH obtained for patient circumstances	θ Asks specific FH questions that are relevant to the chief complaint	θ Clarifies subtleties or omissions in FH
Focused SH	θ Inadequate level of detail in SH θ Asks questions in judgmental manner	θ Asks relevant questions about substance use θ Asks relevant questions about living situation θ Asks relevant questions about work environment	θ Clarifies subtleties or omissions in SH θ Student and patient both comfortable with language and demeanor during SH questions θ Appropriately takes opportunity to briefly counsel about substance use or domestic violence
Sexual History	θ Fails to obtain appropriate parts of sexual history θ Asks questions in awkward or insensitive fashion	θ Asks sexual history if needed θ Appropriate level of detail θ Asks questions that are appropriate to life-stage of the patient	θ Sensitively clarifies information on sexual history θ Appropriately counsels about risk factors

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Transitions	θ Jumps to new topics without warning and in a confusing manner	θ Introduces new topics as apprpriate θ Explains reason for questions if new topic seems sensitive	θ Incorporate's patient specific information into transition statements θ Makes transitions feel seemless
Summaries	θ Does not summarize histories that are complex or that were difficult to obtain	θ Accurately summarizes data gathered in a way patient can follow θ Uses summary as method to clarify data	θ Summary is concise and well organized

Exam	**Below Expected**	**Expected**	**Above Expected**
Explains Exam	θ Does not tell patient what she is doing, or is unclear. θ Makes inappropriate comments about physical findings	θ Warns patient before any sensitive parts of exam, ie. ears, lifting shirt, GU θ Gives clear, developmentally appropriate directions θ Explains the meaning of findings in understandable way	θ
Privacy / Cleanliness	θ Doesn't clean hands before or after exam. θ Exposes patient body parts that could have been covered for exam.	θ Cleans hands before and after exam, wears gloves as appropriate. θ Drapes patient to maintain privacy during exam.	θ Assesses patients desire for privacy with curtains, doors, screens.
Appropriate focus	θ Goes through rote exam without thought to chief complaint. θ Can't explain why parts of exam were pertinent to this patient. θ Does not examine organ system related to chief complaint.	θ Examines organ systems related to chief complaint. θ Examines organ systems that will help in DDx of chief complaint.	θ Examines organ system related to chief complaint and does extra maneuvers as indicated, ie. egophany, obterator sign, valsalva w/ cardiac exam θ Minimizes exam to most pertinent procedures.
Maneuvers correct	θ Performs exam maneuvers incorrectly. θ Causes patient unnecessary pain with exam.	θ Performs maneuvers according to accepted standards. θ Minimizes patient position changes.	θ Quickly determines findings so that exam time is minimized.

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Problem Solving	**Below Expected**	**Expected**	**Above Expected**
Gathering data	θ Questions asked in rote manner, no apparent analysis of incoming data to guide further questions	θ Data is gathered in way that clearly shows a differential was being considered as questions were asked θ Patient perspective is elicited	θ Information gathered helps to analyze a broad differential including less likely but more worrisome diagnosis
Problem list	θ Student unable to generate an accurate problem list from the history obtained θ Does not use problem list to generate diagnoses or management plan	θ Student can generate a problem list including most important problems θ Uses problem list to diagnose and treat (irrespective of whether management is correct)	θ Student can group items on problem list in various ways to help develop a differential diagnosis θ Problem list is functional/useful/on target (not just a list of symptoms)
Differential Diagnosis	θ DDx is non-existent, or brief and basic θ Student misses many common and serious diagnoses	θ Can generate a differential including **many** common problems and some less common but more worrisome diagnoses	θ Can generate a differential including the **most** common problems and some less common but more worrisome diagnoses
Prioritizing differential	θ Student cannot identify top 2 and bottom 2 diagnosis from DDx θ Serious judgment error leads to improper prioritization	θ Student can list factors that help prioritize the differential. θ Correctly identifies 2 diagnosis that would be high on DDx and 2 that would be low on DDx	θ Student can explain how changes in history or results of pending tests will change the prioritization of diagnoses θ Can correctly prioritize most of the differential
Action plan -Diagnostic study selection	θ Does not create plan for diagnosis / management or follow-up as needed θ Plan does not correlate with DDx θ Orders basic studies without being able to explain why. θ Misses studies that are important to diagnosis.	θ Orders most of the tests or interventions that are needed for a specific patient θ Orders studies that are focused to chief complaint. θ Can discuss how studies will help differentiate among the diagnosis on DDx .	θ Orders enough tests to make accurate diagnosis θ Does not order excessive intervention θ Can discuss how results of diagnostic tests will change management θ Orders studies in stepwise fashion depending on results of prior exam. θ Takes into account cost and comfort factors when deciding on studies to order.
-Diagnostic study interpretation	θ Not prepared to interpret results, or incorrectly interprets those results	θ Correctly applies results of study θ Able to discuss several diagnostic possibilities of abnormal results.	θ Takes into account patient factors not related to chief complaint that may affect test results. θ Recognizes variations of normal results in different populations.
Action plan -Management	θ Misses plan for some pertinent problems θ Poor rationale for management plan (not a fund of knowledge issue) θ Does not educate patient	θ Develops a management plan for all pertinent issues on the problem list θ Reasonable rationale for management plan θ Educates patient θ Treats the symptoms of the moment (abx for UTI or HCTZ for HTN)	θ **Negotiates** management plan with patient θ Warns pt about possible side effects of management plan θ Knows when to do more than just treat symptom (ie. no daycare w/ Shigella)

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Action plan -Follow-up	θ Minimal or no follow-up plan given to patient	θ Basic, appropriate follow-up plan generated	θ Follow-up plan includes worrisome changes that patient should watch for

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Oral Presentation	**Below Expected**	**Expected**	**Above Expected**
Opening Sentence	θ Leaves out important background information	θ Gives clinically relevant background for patient θ Points toward appropriate diagnosis	θ -Concise summary of important information
Organization	θ Jumps around within history and/or physical sections θ Difficult for listener to follow the story	θ Follows standard format in presenting information θ Timeline of hx understandable	θ Able to appropriately decide when to alter sequence of presentation to make story easier to follow θ Able to present two separate complaints in an easy to follow manner
Complete/Focused	θ Leaves out important information θ Includes many extraneous details	θ Gives most clinically pertinent details of Hx and PE θ Usually doesn't include unnecessary information	θ Able to alter length and content of presentation based on time constraints and purpose of presentation
Conveys context	θ Does not convey appropriate level of illness of patient θ Does not include patient/family concerns that may effect decision making	θ Includes some information about pateint/family concerns, level of function and support system that may effect decision making θ Hx and PE lead listener to the DDx θ Conveys information in a way to allows listener to have accurate assessment of patients level of illness	θ Does all expected level tasks in a more concise and effective manner

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Notes	Below Expected	Expected	Above Expected
Proper Format	θ Frequently puts subjective, objective or assessment information in wrong section θ Fails to use standard format. θ Some parts illegible	θ Maintains proper format for type of note θ Can use problem based or organ system based A/P θ Uses legible notation and signature θ Uses standard abbreviations	θ Highlights important information so that gist of visit can be obtained by scanning the page
Complete / Organization	θ Leaves out information in HPI that pertinent to diagnosis θ Includes lots of unnecessary information θ Chronology of events unclear θ Note difficult to follow	θ Includes most pertinent information in history θ Minimal amounts of unnecessary information θ Chronology of events clear θ Patient context is described	θ Gives information in a clear and succinct manner, minimizing size of note θ Includes review of prior visits/studies when pertinent
Assessment	θ Does not include summary statement when appropriate θ Identifies major issue for patient but only has poor understanding of DDx possibilities	θ Includes summary statement at beginning θ Can identify most common and most worrisome diagnostic possibilities θ Can reasonably order differential with explanations including pathophysiology	θ Mentions problems that were deferred for the day θ Gives more space to discussing more likely dx. θ Mostly complete differential with accurate order θ More complete explanation of findings
Plan	θ Incomplete documentation of interventions θ No follow-up plan	θ Accurately documents plan for treatment θ Includes specific follow-up plan. θ Documents patient education.	θ Documents what issues are to be addressed at next visit

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Patient Education	**Below Expected**	**Expected**	**Above Expected**
Needs Assessment	θ No attempt to find out what patient already knows	θ Asks patient what they already know about the diagnosis θ Anticipates when information may be hard to receive and prepares patient	θ Can draw prior knowledge out of patient θ Checks in with patient about how much information they would like to know
Lay Terminology	θ Uses technical terminology without explaining it to patient θ Uses condescendingly simple language	θ Uses language that is appropriate for patients background θ Explains any technical language that is used	θ Assesses patient's own understanding and terminology for illness and uses that information in education when appropriate
Accurate	θ Gives information that is not true θ Leaves out information patient needs to know	θ Gives information which is true for this patient	θ Able to explain nuances that apply to this patient
Short burst	θ Long explanations with no time for patient questions	θ Gives information in short bursts, allows patient to respond and time to process	θ Concise, clear and effective
Focused	θ Explanations jump from topic to topic and are hard to follow or confuse information	θ Sticks to the information this patient needs to know	θ
Assesses effect	θ Continues to speak when patient seems confused / upset θ Doesn't give patient time to ask questions	θ Asks patient if they have questions θ Assesses understanding of information and patient's feelings towards it θ Responds to verbal and non-verbal cues the patient gives in response to education	θ Has patient explain their understanding of any complicated information given θ Appropriately defers information when patient unwilling/unready to receive

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Professionalism	**Below Expected**	**Expected**	**Above Expected**
Dress	θ Dresses too casually for clinical setting	θ Modest and professional appearing clothing worn for patient encounters	θ
Respect for patient	θ Belittles or stereotypes patient (whether with patient or not) θ Dismisses patient concerns inappropriately θ Looks or acts annoyed with patient or situation	θ Tries to see things from patient's perspective θ Treats patient with dignity (tone of voice, language, empathy) θ Respects privacy	θ Goes "the extra mile" for patients
Respect for staff	θ Dismisses staff concerns θ Treats staff disrespectfully (raises voice, argumentative, ...)	θ Takes staff concerns seriously θ Treats staff as equal members of a team	θ Goes out of the way to help out staff or team
Open to feedback	θ Dismisses criticisms as inappropriate/non-applicable θ Accepts feedback but does not incorporate it to make changes	θ Accepts feedback without defensiveness θ Explores with teacher ways to improve performance θ Tries to make improvements based on feedback	θ Actively seeks feedback θ Does self-evaluation and asks teacher for confirmation
Accurate self-assessment	θ Does not recognize problem areas θ Dismissive of need to make improvement	θ Recognizes areas of clinical weakness θ Comes up with own plan of how make improvements	θ Self-reflects on why areas may be a problem