# Clinical Encounter Evaluation

Case:					Student:
Evaluator:					Date:
Item Knowledge base	BE	E	AE	NE 🗆	What went well:
Completeness and Rapport Question type Complete HPI Pertinent ROS Focused PMH Focused FH Focused SH Sexual History Transitions Summaries	Efficier	ncy of	History		
Exam & Ancillary Explains exam Privacy/cleanliness Appropriate focus Maneuvers correct Study selection Study interpretation					What could be improved:
Problem Solving Gathering data Problem list Differential Dx Prioritizing DDx Action Plan					
Oral Presentation Opening Sentence Organization Complete/Focused Conveys context					
Notes Proper format Complete Assessment Plan Problem Solving					Skills to work on:
Patient Education Lay terminology Accurate Short bursts Focused Assesses effect					
Professionalism Dress appropriate Respect for pt Respect for staff Open to feedback Accurate self-assess					Center for Academic Achievement © 2006

# Brief explanation of the above descriptors:

# Completeness and Efficiency of History:

- 1. Rapport: Use verbal and non-verbal cues to establish a comfortable relationship with the patient.
- 2. Question type:
  - a. Uses open questions to get patient to tell story in their own words.
  - b. Uses closed questions to cone down and get specific information.
- 3. Complete HPI: Gathers all information needed to form a reasonable diagnostic and management plan.
- 4. Pertinent ROS: Obtains + and -information from ROS that pertain to chief complaint and possible diagnosis.
- 5. Focused PMH, FH, SH: Obtains those aspects of PMH, FH, and SH that are pertinent to the patient's complaint(s); that help us diagnose or manage their "problems".
- 6. Sexual History: Obtains an appropriate and sensitive sexual history when appropriate.
- 7. Transitions: When needed, uses transitions in an appropriate manner.
- 8. Summaries: Summarizes information that was confusing or difficult to obtain.

## Exam & Ancillary Studies:

- 1. Explains exam: Tells the patient what exam maneuvers will be done, and if appropriate why it needs to be done.
- 2. Privacy/cleanliness: Uses appropriate draping during exam. Washes or foams hands before and after exam.
- 3. Appropriate focus: Does those parts of exam which pertain to problem at hand. Does not do excessive number of unnecessary exam maneuvers.
- 4. Maneuvers correct: Exam maneuvers are done with proper technique.
- 5. Study selection: Appropriately chooses which laboratory, radiographic or other medical studies should be done for this patient.
- 6. Study interpretation: Properly interprets results of laboratory, radiographic or other studies for this patient.

#### Problem Solving:

1. Gathering Data: This differs from "Complete

- HPI". Questioning demonstrates that student is considering a differential diagnosis when choosing what to ask about.
- 2. Problem List: Able to generate problem list and use it to form the plan.
- 3. Differential Diagnosis: Able to generate DDx based on clinical data that includes most likely/common diagnosis as well as less likely but "not to be missed" diagnoses.
- 4. Prioritizing differential: Able to use data from this patient to identify what Dx are more and less likely.
- 5. Action Plan: Using DDx can order appropriate tests and interpret results, suggest reasonable management and follow-up.

## **Oral Presentations:**

- 1. Opening sentence: Sets the context: Age, sex, highly relevant epidemiologic factors, SH, etc; Lead the listener toward a diagnosis; Gives the "gist" of the case.
- 2. Organization: Follows standard format in logical progression of information.
- 3. Complete/Focused: Presentation contains all the important information without including unnecessary information.
- 4. Conveys context: Listener can get a sense of diagnostic possibilities, what the student thinks it is, how sick the patient is.

#### Notes:

- 1. Proper format: Uses appropriate format for setting including standard notations.
- 2. Complete: Includes all pertinent information in manner that is easy to follow.
- 3. Assessment: Includes a summary statement at beginning then DDx with pathophys explanations of how they relate to this pt.
- 4. Plan: Includes accurate plan and documents education.

# **Patient Education:**

- 1. Needs assessment: Finds out what the patient knows and what they would like to know. Anticipates difficult information.
- 2. Lay terminology: Avoids or explains all medical jargon.
- 3. Accurate: Information given is truthful
- 4. Short bursts: Gives information in small chunks and allows patient time to process information.
- 5. Focused: Information given is pertinent to this patient.
- 6. Assesses effect: Interviewer checks in with patient to make sure s/he has understood the information and if appropriate, if s/he will be able to follow the directions or plan.

<u>Professionalism</u>: See Professionalism document from UMass.

- 1. Dress: Clothing conveys appropriate professionalism.
- 2. Respect for patient: Respects the rights and wishes of the patient
- 3. Respect for staff: Treats all staff with respect
- 4. Open to feedback: Accepts feedback from preceptor and discusses how to utilize it
- 5. Accurate self-assessment: Able to reflect on own performance and give accurate feedback to self.