

# DIRECT OBSERVATION SHEET

Faculty: \_\_\_\_\_  
 Student: \_\_\_\_\_

Date: \_\_\_\_\_  
 Learner Level:  MS3  MS4

Site:  Clinic  Inpatient  Other: \_\_\_\_\_

Type of Visit:  Well child  Sick visit  Follow-up

Patient Type:  New pt  Established pt

Patient Gender:  M  F

Patient Age:  Newborn (1-31d)  Infant (32d-11 mo)  Adolescent (>12 y)

Toddler (1-4y)  School age (5-11y)

*Indicate the portion of visit and particular items observed. Please check all that apply.*

<input type="checkbox"/> Data Gathering	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Information Giving
<input type="checkbox"/> Interim history	<input type="checkbox"/> HEENT	<input type="checkbox"/> Anticipatory Guidance
<input type="checkbox"/> CC / HPI	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Immunization Info
<input type="checkbox"/> Diet / Sleep / Elimination	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Illness Explanation
<input type="checkbox"/> PMH / Health Maintenance	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Management
<input type="checkbox"/> ROS / HEADSS	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Follow-up Instructions
<input type="checkbox"/> Development / School	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family History	<input type="checkbox"/> Neurologic	
<input type="checkbox"/> Social / Cultural History	<input type="checkbox"/> Other _____	

**Specific & Key Feedback Points:**

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Observation Time: \_\_\_\_\_ min

Feedback Time: \_\_\_\_\_ min

Student Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

## Direct Observation Sheet Skill Checklist

*Please place a check by each item below to indicate behaviors that were observed  
(Y = Yes, N = No, N/A = no opportunity to observe or not applicable to this encounter)*

Y	N	N/A	<b>Data Gathering</b>	<b>ACGME Competencies: Patient Care, Communication Skills</b>
			Allows patient/parent to complete opening statement	
			Starts with open ended questions	
			Avoids use of leading questions	
			Limits questions with multiple parts	
			Explicitly elicits patient's/parent's beliefs about causes of the illness or problem	
			Asks about remedies or therapies used to address chief complaint	
			Asks about non-traditional remedies and therapies	
			Asks specific questions about cultural, religious, spiritual, or ethical values	
			Asks about like events & circumstances that might affect the patient's health/treatment	
			Asks about family members/ significant others who live in the home or care for the child	
			Asks for clarification if necessary	
			Explicitly elicits patient's/parent's expectations regarding the visit	
			Proceeds with logical sequencing of questions	
Y	N	N/A	<b>Interpersonal Skills</b>	<b>ACGME Competencies: Communication Skills, Professionalism</b>
			Introduces self	
			Addresses parent/patient by name after initial introduction	
			Appropriately includes child in interview	
			Avoids interrupting parent/patient	
			Actively listens using nonverbal techniques (e.g. eye contact, nodding)	
			Expresses empathy (e.g. using tone of voice, "That must be hard for you")	
			Explicitly recognizes patient's/parent's feelings, concerns (e.g. "you seem upset, sad")	
			Deals effectively with language barriers	
			Demonstrates sensitivity to health beliefs and religious or spiritual issues	
Y	N	N/A	<b>Physical Examination</b>	<b>ACGME Competencies: Patient Care</b>
			Washes hands	
			Matches sequence of exam to cooperation level	
			Includes <i>all</i> appropriate elements of exam	
			Leaves out irrelevant elements	
			Demonstrates correct techniques for <i>all</i> portions of the observed exam	
Y	N	N/A	<b>Information Giving</b>	<b>ACGME Competencies: Patient Care, Communication Skills, Professionalism</b>
			Explains confidentiality to adolescent and/or their parent	
			Limits use of jargon and/or explains medical terms if used	
			Explains diagnosis	
			Explains management plan	
			Explains need for follow-up	
			Uses visual reinforcement (e.g. pictures, models, demonstrations)	
			Uses written reinforcement (e.g. written instructions, handouts)	
			Explicitly asks for patient/parent input in management plan	
			Adapts plan as needed to suit individual circumstances, cultural or health beliefs	
			Asks patient/parent for their understanding of treatment plan	
			Solicits questions	
			Asks about patient's/parent's ability to follow treatment plan	
			Explains when, why, how, family should contact physician	
			Provides summary of discussion	