Direct Observed History & Physical Examination

\_\_\_ Hospital Admission

\_\_\_ Well-child visit

Resident Name Date: PL-

Preceptor: Faculty

*Directions: Indicate + (demonstrated the behavior), or – (did not demonstrate the behavior) for each item listed below. Indicate N/A for not applicable.*

Professionalism

\_\_\_ Introduces self/role and preceptor

\_\_\_ Verbal and non-verbal language demonstrates respect for patient/family

\_\_\_ Respects patient modesty in child/adolescent

\_\_\_ Washes hands before examining patient

# Communication Skills

\_\_\_ Uses language that is understood by patient/parent

\_\_\_ Approach to patient is compatible with developmental level

\_\_\_ Includes patient in interview to whatever extent possible

\_\_\_ Uses open-ended questions to elicit information

\_\_\_ Gathers information in a logical sequence

\_\_\_ Clarifies responses that are unclear

# History (For each item in the history, check the appropriate column preceding the item)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not applicable | Major Omission or Needs Improvement | Minor Omission or Needs Minor Improvement | Complete/Done Well |  |
|  |  |  |  | **CC** Elicits a chief complaint |
|  |  |  |  | **HPI** Thorough review of all events leading up to evaluation |
|  |  |  |  |  **ROS** that includes pertinent information relevant to HPI |
|  |  |  |  |  **Genetic family hx**  relevant to HPI |
|  |  |  |  |  **Social/Environmental hx** relevant to HPI |
|  |  |  |  | **PMH** |
|  |  |  |  |  Perinatal history  |
|  |  |  |  |  Major Illnesses/Hospitalizations/Operations |
|  |  |  |  |  Allergies (food and drugs) |
|  |  |  |  |  Immunization status reviewed  |
|  |  |  |  |  Medications (include over the counter and “alternative”) |
|  |  |  |  |  Primary Physician |
|  |  |  |  | **Developmental** Milestones/School Performance |
|  |  |  |  | **Diet** |
|  |  |  |  | **Family history** (family tree- 3 generations) |
|  |  |  |  | **Social History** (primary caretaker, members of household, occupations, social support structure, HEADSS |
|  |  |  |  | **Review of Systems** (complete)  |

Comments:

# Physical Examination

 *(For each item in the physical examination, check the appropriate column preceding the item)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not Addressed | Major Omission | Minor Omission | Complete |  |
|  |  |  |  | Observes general appearance for toxicity, distress, irritability |
|  |  |  |  | Growth parameters (include BMI) : percentile and/or plotted |
|  |  |  |  | Head (fontanelles, shape, evidence of trauma) |
|  |  |  |  | Eyes (pupils, EOMs, red reflex, discs in older child) |
|  |  |  |  | Ears (canals and tympanic membranes) |
|  |  |  |  | Nose (turbinates) |
|  |  |  |  | Mouth / Throat (mucous membranes, pharynx, tonsils) |
|  |  |  |  | Neck (thyroid, trachea, movement) |
|  |  |  |  | Nodes (cervical, axillary, inguinal) |
|  |  |  |  | Cardiac palpation (PMI, heaves, thrills) |
|  |  |  |  | Cardiac auscultation (rate, rhythm, S-1, S-2 split, murmurs) |
|  |  |  |  | C-V: symmetry and quality of pulses, capillary refill, liver span, |
|  |  |  |  | Chest (respiratory rate, work of breathing, retractions, symmetry, breasts) |
|  |  |  |  | Lung auscultation (air entry, stridor, wheezing, crackles ) |
|  |  |  |  | Abdomen (inspection, bowel sounds, palpation) |
|  |  |  |  | Back (defects/dimples/tuffs, scoliosis) |
|  |  |  |  | Genitourinary (inspection, palpation of testes) |
|  |  |  |  | Extremities (clubbing, cyanosis, edema, symmetry, hips in infants) |
|  |  |  |  | Neurologic infant: visual auditory tracking, tone, reflexes, moves ext. well |
|  |  |  |  |  Older: (MS, CN’s 2-12, sensory, motor, cerebellar, DTRs, gait) |
|  |  |  |  | Skin (rashes, lesions) |

***Evaluation****: Please rate the components of the H&P*

 *1=Fully competent 2=Needs more evaluation 3=Needs instruction in area*

\_\_\_ **Professionalism \_\_\_ History** \_\_\_**Communication \_\_\_ Physical Examination**

Comments:

Resident signature indicates formative feedback has been given:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Resident)*