# STRUCTURED CLINICAL OBSERVATION (SCO)

Observer: Date:

Trainee: PL1 PL2 PL3 MS3 MS4

Site: [ ]  continuity clinic [ ] other outpatient [ ]  inpatient [ ] ER

Type of Visit: [ ]  well child [ ] sick visit [ ]  follow-up

Patient type: [ ]  new patient  [ ] established patient

Patient Gender: [ ]  M [ ]  F

Patient age: [ ]  Newborn (1-31 days) [ ]  Infant (32 days - 11 months )

 [ ]  Toddler (1-4 yrs) [ ]  School-age (5-11 yrs) [ ]  Adolescent (>12 yrs)

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

|  |  |  |
| --- | --- | --- |
| **[ ]  Data Gathering** | **[ ]  Physical Exam** | **[ ]  Information Giving** |
| [ ]  Interim history (well child) | [ ] HEENT | [ ] Anticipatory Guidance |
| [ ] CC/HPI | [ ] Cardiac | [ ]  Immunization info |
| [ ]  Diet/Sleep/Elimination | [ ]  Pulmonary | [ ]  Illness explanation |
| [ ]  PMN/Health Maintenance | [ ]  Abdominal | [ ]  Management |
| [ ]  ROS/HEADS | [ ]  Genitourinary | [ ]  Follow-up instructions |
| [ ]  Development/School History | [ ]  Orthopedic | [ ]  Other |
| [ ]  Family History | [ ]  Neurological |  |
| [ ]  Social/Cultural History | [ ]  Other |  |

Key Feedback Points:

1.

2.

3.

Time Spent in Observation: min. Time Spent in Feedback: min.

Resident Signature: Preceptor Signature;

### SCO Skill Check List

*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 this encounter)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Y** | **N** | **N/A** | **Data Gathering****(ACGME competencies: Patient Care, Communication Skills)** |
|  |  |  | 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 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 |
|  |  |  | Explicitly elicits patient's/parents expectations regarding the visit |
|  |  |  | Proceeds with logical sequencing of questions |
| **Y** | **N** | **N/A** | **Interpersonal Skills****(ACGME competencies: Communication Skills, Professionalism)** |
|  |  |  | Introduces self |
|  |  |  | Addresses parent / patient by name after initial introductions |
|  |  |  | 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 or concerns (e.g. "you seem upset, sad, angry") |
|  |  |  | Deals effectively with language barriers |
|  |  |  | Demonstrates sensitivity to health beliefs and religious or spiritual issues |
| **Y** | **N** | **N/A** | **Physical Examination****(ACGME competencies: Patient Care)** |
|  |  |  | Washes hands |
|  |  |  | Matches sequence of exam to cooperation level |
|  |  |  | Includes *all* appropriate elements of exam |
|  |  |  | Leaves out irrelevant elements |
|  |  |  | Demonstrates correct techniques for *all* portions of the observed exam |
| **Y** | **N** | **N/A** | **Information Giving****(ACGME competencies: Patient Care, Communication Skills, Professionalism)** |
|  |  |  | 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 / parent's ability to follow treatment plan |
|  |  |  | Explains when, why, how family should contact physician |
|  |  |  | Provides summary of discussion |