Direct Observation of Clinical Skills (DOCS):
INTerviewing/commUNICATION
To be Completed By Student
Clerkship: Date:
Student Name: Evaluator Name:

Evaluator- Please select the choice that best describes physician who conducted the clinical
observation: (Circle one)
Ward attending Chief Resident
Teaching attending Resident
Tutor

Clinical Setting- Please select the choice that best describes the setting where clinical
observation took place: (Circle one)
Daily rounds Tutor Session
Post-call rounds Teaching Session
On-call Other (please specify)

Satisfaction with Form - Please rate your overall satisfaction with use of this form:
(Circle one)
1 2 3 4 5
Not satisfied Moderately satisfied Extremely satisfied

Completed forms may be submitted in any of the following ways:
(1) Send in the self-addressed intramural envelope attached
(2) Fax to the attention of Dr. Yoon Kang at 746- 5981
(3) Place in the CIMA mailbox of either Dr. Charles Bardes or Dr. Yoon Kang located on HT-4.
Direct Observation of Clinical Skills (DOCS):

**INTERVIEWING/COMMUNICATION**

*TO BE COMPLETED BY OBSERVER*

I. CLINICAL OBSERVATION DURING THIS SESSION:
Please evaluate **observed interviewing/communication skills** using the following core interviewing/history components as a guide:

During the interview the student:

1. Greeted patient, introduced herself/himself, explained the purpose of the encounter
2. Showed interest/respect for the patient
3. Used appropriate eye contact
4. Asked and answered questions clearly (avoided technical jargon, etc.)
5. Used open-ended questions as appropriate
6. Proceeded in an organized/thorough manner
7. Accurately obtained relevant components of the history
8. Solicited questions from patient/checked patient’s understanding

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<tbody>
<tr>
<td>Does not meet WMC standards</td>
<td>Meets standards</td>
<td>Exceeds WMC standards</td>
<td></td>
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II. ORAL FEEDBACK:
Please discuss with the student at least one specific area for potential improvement in the observed interviewing/communication skills.

III. INFORMATION ON SESSION:

**Prior Clinical Interaction**: Please circle the choice that best represents the number of times that you have had direct clinical interaction with this student **during this rotation**: *(Circle one)*

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<tr>
<td>None</td>
<td>1-3 times</td>
<td>4-6 times</td>
<td>7-9 times</td>
<td>10 or more</td>
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**Observation Time**- Please list the total amount of time spent on **this** clinical observation session:

**Feedback Time**- Please list the amount of time spent on giving feedback during **this** clinical observation session:

**Satisfaction with Form** - Please rate your overall satisfaction with use of this form: *(Circle one)*

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