Direct Observation of Clinical Skills (DOCS): PHYSICAL EXAMINATION

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 Not satisfied 2 Moderately satisfied 3 4 Extremely satisfied 5

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): PHYSICAL EXAMINATION

TO BE COMPLETED BY OBSERVER

I. CLINICAL OBSERVATION DURING THIS SESSION:
Please evaluate observed physical examination skills using the following core physical examination components as a guide:

During the physical examination the student:

1. Washed hands, or used sterilizer, before and after exam
2. Conducted exam from patient’s right
3. Proceeded in an organized/thorough manner
4. Included all relevant components of the PE
5. Clearly explained PE maneuvers/purpose to patient
6. Maintained patient privacy (draping, drawing curtains, etc)
7. Demonstrated appropriate examination technique
8. Accurately elicited PE findings

1 2 3 4 5
Does not meet Meets standards Exceeds WMC standards
WMC standards

II. ORAL FEEDBACK:
Please discuss with the student at least one specific area for potential improvement in the observed physical examination 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)

1 2 3 4 5
None 1-3 times 4-6 times 7-9 times 10 or more

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)

1 2 3 4 5
Not satisfied Moderately satisfied Extremely satisfied