

Clinical Skills

MD Evaluation
Phase 1

Name _____ Faculty _____ Date _____

Actor _____ Patient _____

HISTORY		
HPI	PSH	SOC HX
<input type="checkbox"/> details of chief complaint	<input type="checkbox"/> appropriate	<input type="checkbox"/> appropriate
<input type="checkbox"/> frequency	<input type="checkbox"/> incomplete	<input type="checkbox"/> incomplete
<input type="checkbox"/> onset	<input type="checkbox"/> omitted	<input type="checkbox"/> omitted
<input type="checkbox"/> relieving factors		
<input type="checkbox"/> duration		FAM HX
<input type="checkbox"/> precipitating factors		<input type="checkbox"/> appropriate
<input type="checkbox"/> associated symptoms		<input type="checkbox"/> incomplete
<input type="checkbox"/> previous episodes		<input type="checkbox"/> omitted
<input type="checkbox"/> progression		
<input type="checkbox"/> summarize history	MEDS	ROS
<input type="checkbox"/> elicit patient concerns	<input type="checkbox"/> appropriate	<input type="checkbox"/> appropriate
	<input type="checkbox"/> incomplete	<input type="checkbox"/> incomplete
PMH	<input type="checkbox"/> omitted	<input type="checkbox"/> omitted
<input type="checkbox"/> appropriate		<input type="checkbox"/> health maintenance
<input type="checkbox"/> incomplete	ALLERGIES	<input type="checkbox"/> appropriate
<input type="checkbox"/> omitted	<input type="checkbox"/> yes	<input type="checkbox"/> incomplete
	<input type="checkbox"/> no	<input type="checkbox"/> omitted

PHYSICAL		
WASHES HANDS	ABD	SKIN
<input type="checkbox"/> yes	<input type="checkbox"/> adequate	<input type="checkbox"/> adequate
<input type="checkbox"/> no	<input type="checkbox"/> inadequate	<input type="checkbox"/> inadequate
	<input type="checkbox"/> omitted	<input type="checkbox"/> omitted
HEENT	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
<input type="checkbox"/> adequate		
<input type="checkbox"/> inadequate	BACK	NEURO
<input type="checkbox"/> omitted	<input type="checkbox"/> adequate	<input type="checkbox"/> adequate
<input type="checkbox"/> n/a	<input type="checkbox"/> inadequate	<input type="checkbox"/> inadequate
	<input type="checkbox"/> omitted	<input type="checkbox"/> omitted
CV	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
<input type="checkbox"/> adequate		
<input type="checkbox"/> inadequate	EXTREMITIES	PSYCHE
<input type="checkbox"/> omitted	<input type="checkbox"/> adequate	<input type="checkbox"/> adequate
<input type="checkbox"/> n/a	<input type="checkbox"/> inadequate	<input type="checkbox"/> inadequate
	<input type="checkbox"/> omitted	<input type="checkbox"/> omitted
PULM	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
<input type="checkbox"/> adequate		
<input type="checkbox"/> inadequate	MUSCULOSKELETAL	
<input type="checkbox"/> omitted	<input type="checkbox"/> adequate	
<input type="checkbox"/> n/a	<input type="checkbox"/> inadequate	
	<input type="checkbox"/> omitted	
	<input type="checkbox"/> n/a	

	History	Physical	Integration
	Skillfully obtains accurate and complete information in a organized and focused manner 3	Thorough and Efficient. Demonstrates excellent physical exam techniques 3	Integrative thinking between historical data and physical exam indicating development and investigation of working differential diagnosis Explains differential diagnosis. 3
	Successfully obtains essential data from patient in an organized fashion. Follows through on identified problems 2	Complete and Organized with good physical exam techniques 2	Logical exam in regard to patient history. Complete physical exam for appropriately focused historyPresents differential diagnosis. 2
	Unfocused data collection. Gaps in important information. Disorganized 1	Incomplete or missed elements. Disorganized. Exam Techniques need improvement 1	Gathers data appropriate for presenting complaint but misses needed components of physical exam to make assessment 1
	Elicits inaccurate information or misses major issues 0	Omits critical parts of the exam and/or deficit exam skills 0	Simply collecting data. Going through a checklist. 0