

## STRUCTURED CLINICAL OBSERVATION (SCO)

Observer: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Trainee: \_\_\_\_\_ PL1 PL2 PL3 MS3 MS4

Site:  continuity clinic  other outpatient  inpatient  ERType of Visit:  well child  sick visit  follow-upPatient type:  new pt  established ptPatient Gender:  M  FPatient 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.*

<input type="checkbox"/> Data Gathering	<input type="checkbox"/> Physical Exam	<input type="checkbox"/> Information Giving
<input type="checkbox"/> Interim history (well child)	<input type="checkbox"/> HEENT	<input type="checkbox"/> Anticipatory Guidance
<input type="checkbox"/> CC/HPI	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Immunization info
<input type="checkbox"/> Diet/Sleep/Elimination	<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Illness explanation
<input type="checkbox"/> PMH/Health Maintenance	<input type="checkbox"/> Abdominal	<input type="checkbox"/> Management
<input type="checkbox"/> ROS/HEADS	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Follow-up instructions
<input type="checkbox"/> Development/School History	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family History	<input type="checkbox"/> Neurological	
<input type="checkbox"/> Social/Cultural History	<input type="checkbox"/> Other _____	

**Key Feedback Points:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

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

Resident Signature: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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### SCO Skill Checklist

*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	<b>Data Gathering</b> (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	<b>Interpersonal Skills</b> (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	<b>Physical Examination</b> (ACGME competencies: Patient Care)
			Washes hands
			Matches sequence of exam to cooperation level
			Includes <i>all</i> appropriate elements of exam
			Leaves out irrelevant elements
			Demonstrates correct technique for <i>all</i> portions of the observed exam
Y	N	N/A	<b>Information Giving</b> (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