

Observed History and Physical Exam (EPA 1)			
Student:			
Evaluator (Print & Sign):			
Location:			
Date:			
Obtain a complete and accurate history in an organized fashion			
Gathers insufficient or overly exhaustive information	Gathers some information or occasionally too much information	Obtains an acceptable history in a mostly organized fashion.	Obtains a complete and accurate history in an organized fashion.
Comments:			
Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.			
Fails to recognize patient's central problem.	Recognizes patient's central problem but does not prioritize or filter information.	Is able to filter signs and symptoms into pertinent positives and negatives.	Consistently filters data into pertinent positives and negatives, and incorporates secondary data into medical reasoning.
Comments:			
Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit			
Incorrectly performs basic exam maneuvers or does not examine relevant areas of the patient for the presenting problem.	Performs basic maneuvers correctly but does not demonstrate organization or ability to prioritize portions of the exam.	Targets the exam to areas necessary for the encounter and performs exam correctly in a mostly organized manner.	Consistently performs an accurate complete or targeted exam in a logical and fluid sequence.
Comments:			

Identify, describe and document normal and abnormal physical exam findings.			
Misses key findings.	Identifies, describes, and documents normal findings.	Identifies, describes, and documents normal and abnormal findings.	Routinely identifies, describes, and documents normal and abnormal physical exam findings and is able to link to possible differential diagnoses.
Comments:			
Uses appropriate questioning to sort the differential to avoid premature decision making.			
May jump to conclusions without first asking probing questions	Questions reflect a narrow differential diagnosis.	Questions are purposefully used to clarify patient's issues.	Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning.
Comments:			
Demonstrate patient-centered interview skills (attentive to verbal and nonverbal cues, cultural competency, active listening).			
Is disrespectful, condescending, or arrogant in interactions with patients; disregards patient privacy and autonomy; or insensitive of cultural differences.	Communicates unidirectionally, may not respond to patient verbal and nonverbal cues, or has difficulty establishing rapport.	Relates well to most patients and families with few exceptions, demonstrates effective communication skills (silence, open-ended questions, body language, listening, and avoids jargon) that put families at ease, and appreciates cultural differences.	
Comments:			
Summarize your impression of the student's current ability in performing an H&P (Indicate level of entrustment by checking the appropriate box)			
		Can perform only as coactivity with supervisor	
		Can perform with coaching and supervisor ready to intervene	
		Can perform without coaching but with ALL findings double-checked	
		Can perform without coaching and only KEY findings double-checked	