

Physical Diagnosis Midway Feedback

Observation and Assessment of Comprehensive History-Taking and Physical Examination Skills

Student _____ Site _____ Date _____

Preceptor _____

Guidelines: Midway through the course (session 10) the preceptor will use this form to provide feedback and guidance to the students. This is an opportunity to sit down and discuss how the course is going. The preceptor will discuss with each student his or her strengths as well as areas in need of improvement (e.g., additional opportunities for practice, focused observation, demonstration with explanation, or self-directed study).

Please describe and discuss the degree to which the student has progressed toward mastery of each major area below. Use the space to the right to document your discussion and comments.

Approach to the Patient

- Attends to the patient's comfort
- Elicits the patient's perspective and values
- Demonstrates respect for the patient
- Ensures the patient's understanding
- Develops a rapport with the patient

Discussion and Comments:

History- Taking

- Logically organized
- Fully develops the patient's complaint
- Elicits relevant components of the past history and review of systems
- Purposefully elicits the pertinent positives and negatives of the differential diagnosis
- Demonstrates an appropriate balance of patient-centered and doctor-centered interviewing techniques

Physical Examination

- Efficient
- Canonically sequenced
- Accurately performs pertinent maneuvers of the physical examination
- Purposefully performs additional maneuvers to support the differential diagnosis

H&P Write-ups

- Well organized
- Succinct

Feedback

The student's progress based on the observations noted above has been reviewed and discussed. Yes _____ No _____

The student understands his or her areas of strength and areas that need improvement. Yes _____ No _____

A plan for reinforcing and building upon strengths has been collaboratively reached. Yes _____ No _____

A plan for enhancing areas in need of improvement has been collaboratively reached. Yes _____ No _____
(Please describe).

Preceptor Signature: _____

Student Signature: _____