Clerkship Direct Observation Form Physical Exam Skills

Ophthalmology

Student name:	Date:			
Evaluator name:	Circle one:	Faculty	Resident/Fellow	Other(specify)

Did student perform adequate hand hygiene (before and after the exam if a full exam is observed)? Yes No

PE skill	Unsatisfactory	Needs improvement	Satisfactory	Not observed
Demonstrates respect for patient privacy, comfort, and safety e.g., explains physical exam maneuvers, tells patient what one is doing at each step, drapes patient appropriately	0	0	0	0
Performs physical exam in a logical sequence e.g., exam follows a certain order (such as by organ system or head to toe), limits repositioning of patient	0	0	0	0
Demonstrates appropriate physical exam technique e.g., takes correct position for the exam, uses exam tools correctly, uses exam maneuvers that provide an accurate evaluation of the organ assessed	0	0	0	0
Performs a clinically relevant physical exam appropriate to the setting and purpose of the patient visit	0	0	0	0
Modifies approach to physical exam to meet patient's developmental and physical needs	0	0	0	0
Recognizes and correctly interprets abnormal exam findings Describe 1-2 effective skills that the student performed:	0	0	0	0
Suggest ways to help the student move 1-2 skills to the next	t level:			

Evaluator Signature: _____ Student Signature: _____