

**PATIENT CARE**  
**Observed History and Physical Checklist**

Resident Name \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Resident Level: 1 2 3

Complete H&P \_\_\_\_\_ Focused visit: \_\_\_\_\_ (Chief complaint: \_\_\_\_\_)

*Indicate + (demonstrated the behavior), or – (did not demonstrate the behavior) for each item listed below. Indicate N/A for not applicable.*

**Professionalism**

- \_\_\_\_\_ Introduces self/role and preceptor
- \_\_\_\_\_ Verbal and non-verbal language demonstrates respect for patient/family
- \_\_\_\_\_ Respects patient modesty in child/adolescent
- \_\_\_\_\_ Washes hands before examining patient

**Communication Skills**

- \_\_\_\_\_ Uses language that is understood by patient/parent
- \_\_\_\_\_ Approach to patient is compatible with developmental level
- \_\_\_\_\_ Includes patient in interview to whatever extent possible
- \_\_\_\_\_ Uses open-ended questions to elicit information
- \_\_\_\_\_ Gathers information in a logical sequence
- \_\_\_\_\_ Clarifies responses that are unclear

**History** (For each item in the history, check the appropriate column preceding the item)

Not Applicable	Omission	Complete	
			Elicits a chief complaint
<b>HPI</b>			
			Thorough review of all events leading up to hospitalization
			Includes pertinent positives and negatives
			Includes pertinent information from past history, family history, social history and ROS that is relevant to HPI
<b>Past History</b>			
			Birth history (prenatal complications, gestational age, type of delivery, birth weight, neonatal complications)
			Illnesses/Hospitalizations
			Operations
			Allergies (food and drugs)
			Immunizations
			Medications
			Diet
			Developmental Milestones/School Performance
			Primary Physician
			Pertinent elements of family history
			Pertinent elements of the Social History (primary caretaker, members of household, occupations, social support structure, HEADSS for adolescents – home, education, activities, drugs, sex, and suicide)
			All elements of the review of systems

**Physical Examination**

*(For each item in the physical examination, check the appropriate column preceding the item)*

Not Applicable	Omission	Complete	
			Observes general appearance for toxicity, distress, irritability, growth/development
			Head (fontanelles, shape, evidence of trauma)
			Eyes (pupils, EOMs, red reflex, discs in older child)
			Ears (canals and tympanic membranes)
			Nose (turbinates)
			Mouth/ Throat (mucous membranes, pharynx)
			Neck (thyroid, trachea, movement)
			Nodes (cervical, axillary, inguinal)
			Cardiac (rate, rhythm, first and second heart sounds, murmurs, gallops, rubs, symmetry of pulses, capillary refill)
			Chest (symmetry, breasts, spine)
			Lungs (respiratory rate, distress, retractions, air entry, wheezing, rales, rhonchi)
			Abdomen (inspection, bowel sounds, palpation)
			Genitourinary (inspection, palpation of testes)
			Extremities (clubbing, cyanosis, edema, symmetry, hips in infants)
			Neurologic (LOC, cranial nerves, sensory, motor, cerebellar, DTRs, gait)
			Skin (rashes, lesions)

Please circle the level of competence for each component listed below:

PERFORMANCE		BEGINNING LEVEL	IMPROVING TOWARD MASTERY	NEAR MASTERY	MASTERY AT THE LEVEL OF A NEW PRACTITIONER
	UNSATISFACTORY	BEGINNING	DEVELOPING	ACCOMPLISHED	COMPETENT
<b>History</b>	1	2	3	4	5
<b>Physical exam</b>	1	2	3	4	5
<b>Communication Skills</b>	1	2	3	4	5
<b>Professionalism</b>	1	2	3	4	5

**Comments:** \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_