**Rubric Formative Simulation Center Observation**

**NGR 6002C Advanced Health Assessment**

**Semester \_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SP Case 2**

1.

2.

3.

4.

\* = critical element

This is a checklist for observing students during Simulation Center encounters with the Standardized Patients. Support your scoring with Feedback.

**Student: Faculty Observer:**

| **Elements and Samples of Behavior** | **Poss**  **Pts** | **S** | **U** | **Comments** | |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Must verify patient’s name and DOB** | **1** |  | **All or nothing** | |
|  | | | | | |
| **Total for Name/DOB section** | **1** |  |  |  | |
| **History** | | | | | |
| *Chief Complaint*  *HPI (Presenting Illness)*  OLDCARTS | **1**  **2** |  |  |  | |
| *Allergies*  Meds, Food, Latex, Environmental  *Medications* (Duration, frequency, reason)  Prescription, OTC, Supplements/Herbals, Illicit substances | **1**  **1** |  |  | **NO SPECIFIC INSTRUCTIONS TO SP - THEY MAY GIVE OWN HX OR FABRICATE - must address each section below**  Allergies:  Prescription:  OTC:  Supplemental/herbal | |
| *Biographic:*  Past History- Medical  -Surgical  Family History  Relevant medical history of first degree relatives addressed | **1**  **1** |  |  | **must address each section below**  **PMHx**  **PSHx:**   * Medical conditions: * Surgeries/Hospitalizations:   **Family Hx:**   * Parents * Mother * Father * Siblings * Children | |
| *Social History*   1. Occupational history—exposures, current work status/responsibilities/deployment 2. Nutrition-eating history/disorders 3. Tobacco Use-quantity, duration 4. Alcohol use—CAGE, AUDIT-C 5. Social support system-family, friends, partners, relationships 6. Recent Travel 7. Sleep Pattern 8. Spirituality 9. Physical Activity –type, frequency 10. Other (caffeine, etc) | **2** |  |  | **must address each section below**   1. Occupational history - 2. Nutrition 3. Tobacco Use 4. Alcohol use 5. Social support system-family, friends, partners, relationships 6. Recent Travel 7. Sleep Pattern 8. Spirituality - 9. Physical Activity 10. Other | |
| *Sexual/Reproductive History (if applicable)*   1. OB Hx 2. Partners 3. Practices 4. Female: LNMP   *Health Promotion/Immunizations History (if applicable)*   1. Immunizations 2. Last dental and eye exams 3. Last PE and age appropriate screenings | **1** |  |  | **NO SPECIFIC INSTRUCTIONS TO SP - THEY MAY GIVE OWN HX OR FABRICATE - must address each section below**   * Sexual history * Male: NA LMP: LMP * Partners/Practices: * Emotional status/psychiatric history * Immunizations * Health promotion: | |
| *Review Of Systems (in context of complaint)*  Constitutional  Skin  Eyes  ENT/Mouth  CV  Respiratory  Breasts  GI  GU  Musculoskeletal  Neuro  Psychiatric  Endocrine  Hemo/lymph | **3** |  |  | **Must address appropriate systems with at least 3 questions in each section** | |
| **Total for History section** | **13** |  |  |  | |
| **Physical Exam** | | | | | |
| **Washes hands before beginning examination**  Vital Signs (VS) addressed with patient  Temp, Pulse, Respiration, BP, Pain, BMI | **1** |  |  | **VS must be reviewed with patient** | |
| ***PE of Affected System and Relevant Systems (in context of complaint)*** |  |  |  |  | |
| *Circle Systems Assessed*  Skin   * Inspection, Palpation   Head   * Inspection, Palpation   Eyes   * Vision, Funduscopic, EOM, Pupil, Visual Fields   ENT/Mouth   * Hearing, Otoscopic, Sinus, Nose and Mouth   Neck   * ROM, Lymph nodes, Thyroid, JVP, Carotid   Cardiac/Vascular   * Inspection, Palpation, Auscultation, Peripheral Pulses X4 limbs, Capillary refill,   Peripheral edema  Respiratory   * Percussion, Palpation, Auscultation   ~~Breasts (as indicated)~~   * ~~Inspection, Palpation Breasts and Axillary nodes~~   GI   * Inspection, Auscultation, Percussion, Palpation   ~~GU (as indicated)~~   * ~~Per GTA~~   Musculoskeletal   * Inspection, Active/Passive ROM, Strength testing, joint above and joint below   Neurologic   * Cranial nerves, DTR, Gait, Romberg, Sensitivity   Lymphatic   * Palpate Cervical and axillary nodes   ~~Mental Health/Cognitive~~   * ~~MMSE, Mental Status, Administration of MH tools~~ | **9** |  |  | **Selects Appropriate Systems.**  **Expected:** | |
| **Total for Physical section** | **10** |  |  |  | |
| **Assessment/Plan**   1. Discusses differential diagnoses and rationale for actual diagnosis with patient    1. Accurate diagnosis based on H&P and case scenario    2. Uses shared decision-making to develop diagnostic, treatment and follow-up options with patient | **3** |  |  | **(1 point for generally appropriate differential diagnoses, 1 point for rationale for the actual diagnosis(es), 1 point for shared decision-making, and 1 point for an appropriate follow-up time and plan with patient)**  **Differential Dx:** | |
| 2. Develops a complete plan of care appropriate for the actual diagnosis and baseline medical conditions | **2** |  |  | **Diagnosis & Interventions** | |
| 3. Education/Anticipatory Guidance | **2** |  |  | Education | |
| **Total for Assessment/Plan Section** |  |  |  |  | |
| **Points Possible** | **24** |  |  | **Student Score**  **Goal >18 points = passing** | |

**General Comments:**

**Opportunities for growth:**

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_