# **Direct Observation Remote/Virtual Patient Encounter Assessment Form**

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| **Resident:** |  | **Assessor:** |  | **Date:** |  |

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| **Skills** | **Not observed** | **Minimally performed** | **Done well** | **Comments** |
| **Safe, effective use of Technology*** Familiar with the technology
* Has backup plan if disconnected
* Sets up to optimize visual/audio (headset, eye contact if visual)
* Access to EMR
* Connects with preceptor re: plan for virtual visit
 |  |  |  |  |
| **Introduction/Rapport*** Ensures patient can hear/see
* Considers patient barriers (language)
* Introduces self/supervisor
* Confirms identity of patient & if others are in the room with permission
* Privacy/disclosure of location(s)
* Explicitly obtains consent
* Provides reassurance/builds trust
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| **Early Assessment*** Can visit proceed with this technology? Appropriate? Safe?
* Do other arrangements need to be made?
* Explains limitations of virtual visit
* Inquires about patient expectations
* Sets agenda (to manage time)
* Asks if any other concerns to cover
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| **Communication – Active listening*** Uses open-ended questions
* Waits for pauses before speaking
* Checks frequently for understanding
* Uses empathetic statements
* Validates observed/heard emotions
* Summarizes frequently
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| **Adaptive Clinical reasoning** * History-taking complete and appropriate
* Physical exam findings obtained as possible
* Creative data gathering (photos, patient obtained vitals)
* Differential diagnosis explored
* Finds common ground with the patient
 |  |  |  |  |
| **Closure/Follow-up*** In person or via phone/video?
* Summarizes key points
* Ensures understanding & clarifies (uses teach back)
* Further steps/scripts sent/forms done.
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| **Professionalism*** Dresses appropriately
* Professional background if video or professional phone approach
* Explains to patient when needing to look away (i.e. to review EMR chart)
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**Faculty Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Resident Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit to your PG site administrator.