# **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 |  |  |  |  |
| **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 |  |  |  |  |
| **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 |  |  |  |  |
| **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. |  |  |  |  |
| **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) |  |  |  |  |

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

Please submit to your PG site administrator.