Clinical Evaluation Form

CHA/P: _____ Observer: _____ Date: _____

Pt Age: _____ Gender: _____ **Assessment:** _____

A= appropriate for level of training
NI= Needs improvement
O = not observed
N/A= not applicable

Performance

Skill		PEF review	Report to Dr.	Comments
History:				
Chief Complaint				
Starts at Appropriate section of CHAM				
HPI				
Pain Assessment				
Illness/chronic health problems				
Medicines				
Allergies				
Habit history				
TB and Immunizations				
LMP/ Female questions				
High Risk Health conditions				
Problem Specific HPI questions				
Past Health History Questions				
Other History Questions				
Follows up on positive answers				
Exam:				
General Appearance				
Washes hands before touching patient				
Temp: technique				
Pulse: +/- 4 beats				
Respirations: +/- 2 breaths				
B/P: +/- 4 points				
Sp 02: technique				
Measurements: taken				
Plot and interpret growth charts				
Perform appropriate exam using CHAM				
Uses correct exam techniques				
Protects patient privacy				
Description of PE findings				
Observer agrees with CHA/P exam findings				
Recognizes abnormal findings				
Lab tests, per CHAM/ technique & results				
Assessment and Plan:				
Appropriate CHAM Assessment(s)				
Reports to Dr. or uses MSO appropriately				
Correct Plan/Records Plan #				
Obtains/Records Dr's Assessments				
Special Care per CHAM				
Performs/Documents Procedures appropriately				
Patient Education(s)				
Medicines per CHAM				
Patient Education from Medicine Handbook				
Additional/ Other Care per CHAM				
Additional/ Other Care per Dr				
Recheck plan				
Confirms plan with Dr (read back)				
Properly labels/IDs additional pages				

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Professionalism   **Performance**

Skills		Comments
Meets employer dress code		
Prepared, organized, efficient through encounter		
Establishes/maintains pt. rapport & interaction		
Able to self-assess clinical performance		
Collaborates with instructor to learn from needs ID		

Overall Assessment/ Comments
(Include strengths and all areas needing improvement)

_____
_____
_____
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_____

Possible Post Session Learning Needs

_____
_____
_____
_____
_____

_____
Instructor Signature