

Phase 2 Direct Observation of Clinical Skills (DOCS) Form – Communication & Counselling

EPAs 6 Present oral and written reports that document a clinical encounter **7** Provide and Receive handover **9** Communicate in difficult situations, **12** Educate patients on disease management, health promotion and preventative medicine

P2Outcomes T5.8 Apply a patient-centred approach to communicating relevant information (including difficult situations) to patients, families, and communities. **T5.9:** Document, communicate and educate oral and written information associated with a clinical encounter to patients, families, interprofessional health care team, and third parties including during a transition in care. **T5.13** – Establish therapeutic relationships with patients, their families in their communities applying the concepts of professionalism, trust, respect, empathy and confidentiality.

Name of Student:		Name of Assessor:			
Clinical Scenario					
Discipline	<input type="checkbox"/> Children's Health <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Mental Health <input type="checkbox"/> Surgery <input type="checkbox"/> Women's Health <input type="checkbox"/> Other _____				
Clinical Setting	<input type="checkbox"/> Ambulatory <input type="checkbox"/> In patient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Acute Admission				
Critical Elements:		Not Applicable	Not Attempted	In Progress	Achieved
Documentation – Communication with team – Counselling with Patient/Caregiver					
Presents a concise/relevant summary of patient encounter to healthcare team		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a shared understanding among patient/healthcare team through oral or written reports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents findings in a clear, focused and accurate manner		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes a handover in a structured format that is organized and complete (asks clarifying questions, uses closed loop communication to verify information)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents a concise/relevant summary to patient/family/caregiver		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains informed consent (consideration of patient/substitute decision makers competence, confirms patient/SDM understanding)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for patient's privacy and confidentiality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in Active Listening and Address : Feelings/Fears/Ideas/Function (FIFE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect of patient's circumstances (gender orientation, culture/religious beliefs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In education/counselling encounters with patients: adjusts language as needed, does not use jargon, encourages clarifying questions, verifies for understanding, appreciates the need to find common ground		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides advice on common lifestyle medication issues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entrustment Scale	Intervention	Direction	Support	Autonomy	Independence
Based on this observed Encounter , choose the Level of Supervision the student required	(required action from the assessor for completion)	(required supervision, and constant guidance)	(required minimal supervision, and some guidance)	(did not require supervision or guidance for completion)	(Demonstrated excellence, role model)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Paper Copy of Assessment form is to be Submitted to the SAC.

Students are responsible for inputting assessment information into online assessment system.



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Assessor Feedback What was done well?	
What could be done differently?	
Strategies for improvement/Next Steps	

Professionalism	No	Yes (selecting this option will flag this assessment for further review)
Do you have concerns about 'Overall Professionalism'	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what actions were taken? How were your concerns addressed?		

Assessor's Signature: _____ Date (Day/Month/Year): _____

Student's Signature: _____ Date (Day/Month/Year): _____

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