John Harrison 70 y.o.

STANDARDIZED PATIENT CHECKLIST

Your Name ________________________ Resident Name ____________________

GLOBAL RATING

1. John Harrison was satisfied with this resident encounter.  YES  NO

   Your response to this item should be as “John Harrison” would respond – NOT as you, the
   standardized patient, would respond, knowing what the resident is being tested on in the
   checklist.

   YES
   • You feel you would come back to this resident for the rest of your care.
   • You feel this resident was helpful OR will be able to help you (in your total care).

   NO
   • You feel anything in the encounter with the resident would negatively impact Mr. Harrison significantly enough to cause him to consider seeing someone else for his care.

   Your response on this item might not add up to the responses you will make on all of the other
   items on the checklist. That is fine. This item is included so that you can make a global
   assessment based on your own feelings about the encounter.

   In addition, please keep in mind that these are residents who are still in training, NOT
   seasoned physicians. You should not be comparing their performance to your previous
   experiences with practicing physicians.

HISTORY

***General principle in dealing with MULTIPLE QUESTIONS buried in a single resident question:

   Example: Do you drink alcohol or do you do any drugs?
   • Answer only the LAST question asked
   • Give credit on the checklist for ONLY the questions you answer
Use the following guide to answer:

2. The resident asked about chest pain, OR shortness of breath, OR new fatigue. ("No." to any or all of these)

   DONE       NOT DONE

3. The resident asked about whether I am taking my medications regularly. ("I expect so – My wife sees to it.")

   DONE       NOT DONE

4. The resident asked whether any of my medications bother me. ("No – no real problem.")

   DONE       NOT DONE

5. The resident asked about my foot pain. ("Oh, it is not really anything – just some kind of burning pain that comes and goes.")

   DONE       NOT DONE

6. The resident asked me to describe the “quality” of the pain. “What does it feel like?” ("I suppose it is like a kind of burning.")

   DONE       NOT DONE

7. The resident asked me to describe the “severity” of the pain on a scale of 1-10, or mild, moderate or severe. ("1-2" or "mild.")

   DONE       NOT DONE

8. The resident asked me if anything makes the pain better or worse. ("It might be a bit worse after I have been on my feet a lot. 2-3 Advil does help the pain.")

   DONE       NOT DONE

9. The resident inquired about my current hobbies or what my typical day is like. ("I guess my wife would say I putter. I get up, have breakfast and then head out to the shed. There are always things that need fixing. I tend the lawn and the vegetable garden. My wife does the flowers. I read the paper and usually have a rest sometime in the afternoon. Sometimes I meet one of my friends for coffee.")

   DONE       NOT DONE

10. The resident asked about support systems. ("My wife and neighbors from church. Also, my son in Virginia.")

    DONE       NOT DONE
11. The resident asked about symptoms of low or high blood sugar (shakiness, cold sweats, confusion, lightheadedness for the former, or feeling very thirsty, frequent urination, or increased appetite). (“No trouble with that.”)

   DONE       NOT DONE

12. The resident asked about orthostatic dizziness (feeling like you are going to faint upon standing). (“Maybe if I get overheated working in the garden, but not too often.”)

   DONE       NOT DONE

13. The resident asked about trouble with balance or gait. (“No.”)

   DONE       NOT DONE

**PHYSICAL EXAMINATION**

14. The resident looked in my eyes with the ophthalmoscope.

   DONE       NOT DONE

15. The resident listened to my heart.

   DONE CORRECTLY    DONE INCORRECTLY    NOT DONE

   **DONE CORRECTLY:** The resident listened to my heart in 4 places AND listened under (not through) clothing.

   **DONE INCORRECTLY:** The resident listened to fewer than 4 places OR listened through clothing.

16. The resident listened to my lungs.

   DONE CORRECTLY    DONE INCORRECTLY    NOT DONE

   **DONE CORRECTLY:** The resident listened to my back under (not through) my clothing.

   **DONE INCORRECTLY:** The resident listened to my back with stethoscope through clothing.

17. The resident looked at my feet.

   DONE CORRECTLY    DONE INCORRECTLY    NOT DONE

   **DONE CORRECTLY:** The resident looked at my bare feet AND checked between my toes and on soles.

   **DONE INCORRECTLY:** The resident looked at my feet with socks OR did not check between my toes.
18. The resident felt pulses on the tops of my feet and near my heel.

       DONE       NOT DONE

19. The resident checked the sensation of my feet with a microfilament.

       DONE       NOT DONE

**PATIENT-PHYSICIAN INTERACTION**

20. The resident accommodated my hearing difficulty.

       DONE CORRECTLY    DONE INCORRECTLY    NOT DONE

**DONE CORRECTLY:** The resident recognized your hearing difficulty and adapted by speaking more slowly, in a lower pitch, slightly louder and by directly facing you when speaking AND confirmed that you were able to hear or comprehend with these changes OR the resident offered you his/her stethoscope and spoke into the bell AND confirmed that you were able to hear.

**DONE INCORRECTLY:** The resident spoke louder or made accommodations for your hearing difficulty, but did not confirm that you could hear with his/her adjustments.

**NOT DONE:** The resident did not recognize hearing difficulty OR the resident recognized but did not make accommodation for hearing difficulty.