

### Brief Structured Clinical Observation (BSCO)

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Location (office/hospital/OR): \_\_\_\_\_

Patient age: \_\_\_\_\_

**SKILLS OBSERVED** (check at least one, or all that apply)

<input type="checkbox"/>	Data Gathering: CC/HPI
<input type="checkbox"/>	Data Gathering: PMH
<input type="checkbox"/>	Data Gathering: Social/FHX
<input type="checkbox"/>	Data Gathering: Development Hx
<input type="checkbox"/>	
<input type="checkbox"/>	PE: HEENT
<input type="checkbox"/>	PE: Cardiopulmonary
<input type="checkbox"/>	PE: Abdominal
<input type="checkbox"/>	PE: GU/Gyn
<input type="checkbox"/>	PE: Musculoskeletal
<input type="checkbox"/>	PE: Neurological
<input type="checkbox"/>	PE: Psychiatric/ Mental Status
<input type="checkbox"/>	
<input type="checkbox"/>	Information Giving: Diagnosis/Differential Diagnosis
<input type="checkbox"/>	Information Giving: Diagnostic Testing
<input type="checkbox"/>	Information Giving: Management Plan/Instructions
<input type="checkbox"/>	Information Giving: Consent (Procedure/Vaccine)
<input type="checkbox"/>	Information Giving: Anticipatory Guidance
<input type="checkbox"/>	
<input type="checkbox"/>	Procedure-List or describe in feedback section below

**FEEDBACK POINTS:** Please provide three feedback points in box below