**Direct Observation - Counseling: After Visit Summary (Complete 1 of 3)**

Student Name:

Evaluator Name:

**Repeat until all skills are completed correctly (i.e. ‘Done’ or ‘D’). Max 3 attempts.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ATTEMPT #1** Date: | **ATTEMPT #2** Date: | **ATTEMPT #3** Date: |
| **SKILLS** | **Done** | **Needs Attention** | **Omitted** | **D** | **NA** | **O** | **D** | **NA** | **O** |
| Student was empathetic |  |  |  |  |  |  |  |  |  |
| Student presented instructions in terms patient could understand |  |  |  |  |  |  |  |  |  |
| Instructions were complete  |  |  |  |  |  |  |  |  |  |
| Student used shared decision-making in forming discharge plan amenable to all parties |  |  |  |  |  |  |  |  |  |
| Student addressed patient questions well |  |  |  |  |  |  |  |  |  |
| Student anticipated possible areas of misunderstanding and clarified |  |  |  |  |  |  |  |  |  |
| Used teachback method |  |  |  |  |  |  |  |  |  |
| Informed patient of potential side effects of treatment or no treatment options |  |  |  |  |  |  |  |  |  |
| Was efficient |  |  |  |  |  |  |  |  |  |
| Plans concrete |  |  |  |  |  |  |  |  |  |
| Clear return to clinic guidelines |  |  |  |  |  |  |  |  |  |
| Emergency precautions discussed |  |  |  |  |  |  |  |  |  |

**Questions on Back (flip)**

What is one thing the student can do better?

What is one thing the student did well?

Action plan: