



Objective Structured Clinical Examination Case Study Performance Assessment

Resident Name or Code: _____

PGY: 1 2 3 Month: _____

Rotation: _____

Evaluator Name or Code: _____

Circle **YES** or **NO** for the following categories performed by the resident:

HISTORY

1. Past pregnancy history (examples include number of pregnancies, labor complications, term or pre-term, C-section delivery) **Yes = 2 or more mentions**

YES NO

Comments: _____

2. Breastfeeding history (examples include breastfeeding experience with other children, age child weaned, breastfeeding difficulties, why breastfeeding discontinued) **Yes = 2 or more mentions**

YES NO

Comments: _____

3. Current breastfeeding interest (examples include your interest in breastfeeding now, what you have heard about breastfeeding, how is breastfeeding going, any questions regarding breastfeeding)

Yes = 2 or more mentions

YES NO

Comments: _____

4. Past medical history

YES NO

Comments: _____

5. Current medications (prescription, over the counter and alternative)

YES NO

Comments: _____

6. Medication allergies

YES NO

Comments: _____

7. Alcohol, tobacco and recreational drugs

YES NO

Comments: _____

8. Benefits of breastfeeding (examples include infantile nutrition, protection from common childhood diseases, food allergies, chronic diseases, maternal-child bonding)

YES NO

Comments: _____

9. Common concerns in early postpartum breastfeeding (examples include sore nipples, not enough milk, sleepy baby, pumps or milk storage) **Yes = 2 or more mentions**

YES NO

Comments: _____

10. Educated me about how to optimize baby's attachment to breast

- "C" hold of breast
- Proper alignment of infant, mouth at nipple level
- Mother tickles infant's lower lip
- Cheeks not sucked in
- Cradle, football, and side by side
- Bring baby to breast instead of bringing baby to nipple
- Clicking sounds means baby is not properly attached
- Comfortable sitting position

Yes = 3 or more mentions

YES NO

Comments: _____

11. How to avoid sore, cracked nipples

YES NO

Comments: _____

12. Timing (examples include how often baby should breastfeed, how long on each breast, use of both breasts) **Yes = 2 or more mentions**

YES NO

Comments: _____

13. Avoidance of use of formula unless medically advised

YES NO

Comments: _____

14. Advice on maternal self-care (examples include treat pain adequately [narcotics OK], hydration, additional 500 calories per day, rest, have support)

Yes = 2 or more mentions

YES NO

Comments: _____

15. Other resources (examples include provider, nurse, La Leche League, lactation consultant)

YES NO

Comments: _____

COMMUNICATIONS (circle one)

| | Excellent | Very Good | Good | Poor | Extremely Poor |
|---|-----------|-----------|------|------|----------------|
| 1. Open the discussion | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Introduction • Patient Opening • Agenda setting | | | | | |

Comments: _____

| | | | | | |
|---|---|---|---|---|---|
| 2. Build a relationship | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Listening • Empathy and attitude • Nonverbal behavior | | | | | |

Comments: _____

| | | | | | |
|--|---|---|---|---|---|
| 3. Gather information | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Context • Questions • Organization and transitions • Physical examination • Personal privacy | | | | | |

Comments: _____

| | | | | | |
|---|---|---|---|---|---|
| 4. Understand the patient's perspective | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Patient concerns • Patient beliefs and preferences • Expression of feelings • Specific circumstances | | | | | |

Comments: _____

| | | | | | |
|---|---|---|---|---|---|
| 5. Share information | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Vocabulary • Patient understanding of illness • Clinician information and explanation | | | | | |

Comments: _____

| | | | | | |
|---|---|---|---|---|---|
| 6. Reach agreement (planning, evaluation, and treatment) | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Negotiation • Implementation | | | | | |

Comments: _____

| | Excellent | Very Good | Good | Poor | Extremely Poor |
|--|-----------|-----------|------|------|----------------|
| 7. Provide closure | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Patient next steps • Physician conclusion | | | | | |
| Comments: _____ | | | | | |
| 8. Overall rating | 5 | 4 | 3 | 2 | 1 |
| <ul style="list-style-type: none"> • Patient satisfaction | | | | | |
| Comments: _____ | | | | | |

This case was authored by Cheryl Wallerstedt MS, RNC, IBCLC, revised by K. Alvarez, T. McCarty and E. Espey, and provided by Tony Ogburn, MD, FACOG, from the University of New Mexico School of Medicine, 2006.