

EFF Assessment Task

Reading Medical History Forms

Characteristics of this Assessment Task

Action (Performance Goal)

Read and understand information about a patient waiting for a doctor's appointment in order to fill out a medical history form for that patient

Text Type

Typical Medical History Form containing 2 pages of short bolded headings and brief questions asking for personal and medical information and one check-off chart; Patient Information containing four brief paragraphs of fairly simple and direct sentences communicating basic personal and medical information, and a few numbers in ages, street addresses and dates.

Content

Everyday and some high-interest specialized vocabulary related to medical conditions

Environment

Familiar, comfortable environment, such as the classroom

Estimated time to complete task

35 minutes

Materials

Written Text – 4 brief paragraphs of Patient Information labeled “Figure 1”

2-page Personal medical history form labeled “Answer Sheet 1”

Written directions and questions on a form labeled “Answer Sheet 2 (for Assessor use only)”

Assessor Observation Form

Highlighters, pens/pencils, dictionaries (bilingual dictionaries can be used in addition to English dictionaries)

Tape Recorder/audiotapes

Knowledge and strategies that are the focus of this assessment task

(proficient performance on this task will require fluent and independent use of the following knowledge and strategies)

- Decoding and recognizing mostly everyday words, but also some new and polysyllabic words, by drawing on prior familiarity with content and oral vocabulary, breaking words into parts, applying pronunciation rules, and adjusting reading pace
- Familiarity with common high-interest content
- Monitoring and enhancing comprehension by use of a range of simple strategies such as recalling, restating, rephrasing, explaining the content of the text or using simple examples
- Activating prior knowledge and combining it with new information

Additional knowledge and strategies that may affect performance on this task

Some familiarity with concept of “medical history” and contexts in which such information is required

Some familiarity with written forms requiring personal information

Evidence of learner performance that will be collected using this assessment task

Observations

1. Assessor observation form

Work Products

1. Completed Medical History Form labeled Answer Sheet 1
2. Learner responses (written by Assessor) to questions on Answer Sheet 2
3. Tape recording of reading Figure 1

Step-by-step procedures for administration

This task will be administered to an individual learner. While there is no time limit to complete the task, it should require no more than 35 minutes to complete. You may repeat any of the steps as needed, but repetition must be in English and you must read the steps exactly as they are written in the scripts. You may also model any requirement of the task to help clarify, as needed.

Step 1. Explain the task requirements/expectations to the learner:

For this task, you will read some information about a patient in a doctor's office.

Step 2. Pass out copies of the patient information labeled Figure 1. Hold up a copy of Figure 1 and ask learner to read the patient information.

I am going to ask you to pretend that you are a nurse working in a doctor's office. Sometimes you help patients to fill out forms before they see the doctor. Please read this information about the patient, Lisa Cummings, who is in the doctor's office and needs your help. Please read silently to yourself. You may use a dictionary to look up words you are not sure of. You can also make notes or highlight on any of the materials you receive. When you are finished reading, please look up.

Step 3. Pass out copies of Answer Sheet 1. Hold up one copy of the Medical History Form labeled Answer Sheet 1 and ask learner to fill out the form based on the information just read.

Now using the information you just read, you will help Lisa by filling out this medical history form for her. You may look back at the patient information and use a dictionary while filling out the form if you need to.

Do you have any questions?

When you have finished answering student questions (or if there are none), say:

Please fill out the medical history form. When you are finished, please look up.

Step 4. Collect Answer Sheet 1 (Medical History Form).

Step 5. Ask learner to read the patient information on "Figure 1" out loud.

In a moment, I am going to ask you to read the information on Figure 1 out loud to me. I will record you while you read. Do you have any questions?

When you have finished answering student questions (or if there are none), turn on the tape recorder and say:

Please read figure 1 out loud to me.

Document observations on Assessor Observation Form while learner is reading.

Step 6. Ask learner the questions on Answer Sheet 2 (for Assessor use only), point at parts of the Medical History Form as appropriate while asking questions, and record oral responses by learner on Answer Sheet 2.

Now I'm going to ask you some questions to see how well you understood the patient information and the Medical History Form. I will ask each question out loud, you will answer me, and I will write down your answer on this answer sheet. For some questions I will ask you to look at the Medical History Form you just filled out. You may also look back at the patient information while you answer questions if you need to.

Do you have any questions before we begin?

When you have finished answering student questions (or if there are none), say:

Let's begin. Question 1: Why is Lisa seeing the doctor? Question 2: In your own words, explain...etc.

Step 6. Turn off tape recorder. Collect all task materials and record approximate time taken by student to complete the task.

Scoring Rubric for Reading Medical History Forms (Level 3)

Unable to Score	Beginning	Proficient	Advanced
	<ul style="list-style-type: none"> • Decodes and recognizes some everyday words and some specialized words in the patient information • Little evidence of use of strategies for monitoring and enhancing comprehension • Has difficulty indicating purpose of form (question 2 on Answer Sheet 2) • correctly answers fewer than three of the other questions on Answer Sheet 2 • Entries on Medical History Form may be inaccurate or incomplete • Reads aloud slowly and hesitantly; May need more than one attempt but complete task with some direction/support 	<ul style="list-style-type: none"> • Decodes and recognizes most everyday words and also some specialized and polysyllabic words in the patient information • Shows use of strategies for monitoring and enhancing comprehension of the patient information and the Medical History Form • Accurately indicates use of form (question 2 on Answer Sheet 2) • Correctly answers three of the other questions on Answer Sheet 2 • Uses the patient information to complete the Medical History Form with few major errors • Reads aloud accurately and easily; completes task with little direction or support 	<ul style="list-style-type: none"> • Easily decodes and recognizes specialized words in the patient information • Shows superior monitoring and comprehension skills • Accurately indicates use of form (question 2 on Answer Sheet 2) • Correctly answers at least 4 questions on Answer Sheet 2 • Completes Medical History Form without significant error • Reads aloud without hesitation; completes task without direction or support

Figure 1: Patient Information

Lisa Cummings is a female born on October 9, 1977. She is having a lot of bad headaches. She is taking aspirin for her headaches, but she does not take any other pills. She is allergic to milk and penicillin.

Lisa is single and has no children. She has one sister who lives in England. Her father, Robert, lives at 762 David Street in Seattle, WA and his phone number is 206-763-2497. Lisa lives at 402 Covey Street in Seattle, WA. Her phone number is 206-779-2243. Lisa wants her father to be contacted if there is an emergency.

Lisa's health is generally good. She doesn't smoke or drink alcohol. She had one surgery in 1995 for a broken arm. Her father, who is 62 years old, had a heart attack in 1999. Lisa's mother died of breast cancer in 1990. She was 52 years old.

Lisa works as a teacher for the Seattle School District. Her telephone number at work is 206-763-2652. Her insurance is United Medical Plan.

Answer Sheet 2 (for Assessor use only)

Learner's Name _____

Please ask the learner the following questions, and record learner responses verbatim under each question. Note that some questions require you to point at particular sections of the Medical History Form that the learner has already been asked to complete (Answer Sheet 1). Directions to do so appear in *italics* before the question.

- 1. Why is Lisa seeing a doctor?**
- 2. In your own words, explain why the doctor wants Lisa to fill out this Medical History Form.**
- 3. (*Point to “Date of Birth” question on form*) What does this mean?**
- 4. (*Point to “Emergency Contact” question on form*) If you filled out this form for yourself, what would you write here?**
- 5. (*Point to “Family History” section of form*) What kind of information do you need to give in this part of the form?**

**Reading Medical History Forms
Assessor Observation Form**

Learner Name _____ **Date** _____

Learner Performance in Reading Aloud	Assessor Notes on Performance
Accuracy of word decoding and recognition	
Fluency/ease of word recognition	
Fluency/ease of reading full text out loud.	
Independence of learner performance	

Answer Sheet 1

Student Name _____

MEDICAL HISTORY FORM

Name: _____

Address: _____

Home Phone: (____) _____ **Work Phone** (____) _____

Place of Work _____

Emergency Contact

(Name, Address, Home Phone Number)

Insurance

Name of Company _____

Age _____ **Date of Birth** _____

Marital Status _____

How would you rate your general health? __Excellent __Good __Fair __Poor

Why are you coming to see the doctor today?

Answer Sheet 1 (continued)

Student Name _____

Medications you currently take (prescription and non-prescription medicines, vitamins, birth control, herbs):

Allergies or Reactions to Medicines _____

Surgical History

Please list all prior operations (with year): _____

Family History

Please indicate the current status of your immediate family members:

Alive Deceased Age (now or at death) Comments/Cause of Death

Mother _____

Father _____

Please indicate with an (x) family members who have had any of the following

Medical Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
Alcoholism								
Arthritis								
Asthma								
Bleeding problem								
Cancer, Breast								
Cancer, Colon								
Heart Attack								
Diabetes								
Smoking								
Tuberculosis								

Answer Key for Answer Sheet 1.

MEDICAL HISTORY FORM

Name: Lisa Cummings

Address: 402 Covey St. Seattle, WA

Home Phone: (206)779-2243 **Work Phone** (206)763-2652

Place of Work Seattle School District

Emergency Contact

(Name, Address, Home Phone Number)

Robert Cummings; 762 David Street, Seattle, WA; 206-763-2497;

Insurance

Name of Company United Medical Plan

Age 26 (in 2004; this will change in later years) **Date of Birth** October 9, 1977

Marital Status Single

How would you rate your general health? Excellent **Good** **Fair** **Poor**

Why are you coming to see the doctor today?

Answers will vary – a proficient answer will in some way address Lisa’s headaches

Answer key for Answer Sheet 1 (continued)

Medications you currently take (prescription and non-prescription medicines, vitamins, birth control, herbs):

Aspirin

Allergies or Reactions to Medicines *specific answers will vary; a proficient answer will address Lisa's milk and penicillin allergies*

Surgical History

Please list all prior operations (with year): *specific answers will vary; a proficient answer will address Lisa's surgery for a broken arm in 1995*

Family History

Please indicate the current status of your immediate family members:

	<u>Alive</u>	<u>Deceased</u>	<u>Age (now or at death)</u>	<u>Comments/Cause of Death</u>
Mother	___	_X_	___ 52 ___	___ breast cancer ___
Father	_X_	___	___ 62 ___	_____

Please indicate with an (x) family members who have had any of the following

Medical Condition	Mom	Dad	Sister	Brother	Mom's Mom	Mom's Dad	Dad's Mom	Dad's Dad
Alcoholism								
Arthritis								
Asthma								
Bleeding problem								
Cancer, Breast	X							
Cancer, Colon								
Heart Attack		X						
Diabetes								
Smoking								
Tuberculosis								

Answer key for Answer Sheet 2. (for Assessor use only)

Please ask the learner the following questions, and record learner responses verbatim under each question. Note that some questions require you to point at particular sections of the Medical History Form that the learner has already been asked to complete (Answer Sheet 1). Directions to do so appear in *italics* before the question.

1. Why is Lisa seeing a doctor?

Specific answers will vary; a proficient answer will in some way address Lisa's headaches.

2. In your own words, explain why the doctor wants Lisa to fill out this Medical History Form.

Specific answers will vary; a proficient answer will reflect a prior understanding of one or more of the purposes of medical forms – the following are examples of possible proficient answers. This list is not exhaustive:

- *Medical history forms help doctors identify what kind of medications they can and cannot give to a patient (because of allergies)*
- *Medical history forms help doctors identify what problems a patient may be at risk for because they ask the patient to talk about health problems in his or her family*
- *Medical history forms help doctors identify who they should call in case of an emergency*
- *Medical history forms help doctors identify what the problem is that the patient is coming in about today*

3. (Point to “Date of Birth” question on form) What does this mean?

Specific answers will vary; a proficient answer will in some way address the concept of a date of birth – the following are examples of proficient answers:

- *The month, day, and year a person was born in*
- *The patient's birthday*

4. (Point to “Emergency Contact” question on form) If you filled out this form for yourself, what would you write here?

Specific answers will vary; a proficient answer will indicate an understanding of what an emergency contact is and might include an appropriate person from the student's life (a parent, partner, friend, sibling, etc.)

5. (Point to “Family History” section of form) What kind of information do you need to give in this part of the form?

Specific answers will vary; a proficient answer will indicate an understanding of this part of the form – that the patient writes in those health conditions that members of his or her family have had.