Patient Centered Observation Form- Clinician version

Trainee name__

Observer____

_Obsrvn<u>#___</u>Date____

Directions; Track behaviors in left column. Then, mark one box per row: a, b or c. Competent skill use is in one of the right two right side columns. Record important provider / patient comments and verbal / non-verbal cues in the notes. Use form to enhance your learning, vocabulary, and self-awareness. Ratings can be for individual interviews or to summarize several interactions. If requested, use this form to guide verbal feedback to someone you observe.

Skill Set and elements	Provider Centered		Patient Centered	
Check only what you see or hear.	Biomedical Focus			
Avoid giving the benefit of the doubt.	Biomedicar r ocus		Biopsychosocial	
Establishes Pernart		FC	CUS	
Establishes Rapport	·			
Warm greeting (before gazing at computer)	1a. Uses 0-2 elements	1b.Uses 3 elements.	1c.Uses ≥ 4 elements	
Acknowledges all in the room by name				
Uses eye contact	Notes: FM GME Milestones- C 1.1 - 1.3;C 2.1; PC-4.4; PROF 3.1			
Humor or non medical interaction				
Maintains Relationship Throughout the Visit				
Uses verbal or non-verbal empathy during discussions	_	_	_	
_or during the exam				
Uses continuer phrases ("um hmm")	2a. Uses 0-1 elements	2b. Uses 2 elements	2c. Uses 3 or more elements	
Repeats (reflects) important verbal content			elements	
Demonstrates presence, curiosity, intent focus, not seeming "rushed" and acknowledges distractions				
Notes: C 2.3; PC 2.2,4.4; PROF 3.1				
Collaborative upfront agenda setting				
☐ Acknowledges agenda items from other team member (eg MA) or from EMR.				
	3a. Uses 0-1 elements	3b. Uses 2 elements	3c. Uses ≥ 3	
Additional elicitation- "something else?" * X			elements	
* each elicitation counts as a new element				
Asks or confirms what is most important to patient.				
Note patient concerns here: C 2.3; SBP 2.2				
Maintains Efficiency using transparent (out				
loud) thinking and respectful interruption:				
Talks about visit time use / visit organization	4a. Uses 0 elements	4b. Uses 1 element	4c. Uses 2 or more	
□ Negotiates priorities (includes provider agenda items)			elements	
☐ Talks about problem solving strategies ☐ Respectful interruption/redirection using EEE: E xcuse				
your self, Empathize/validate issue being interrupted,				
<i>Explain the reason for interruption (eg, for Topic tracking)</i>				
Notes: SBP 1.3-5				
Gathering Information				
Uses open-ended question X			_	
Uses reflecting statement X		Eh Llaga 2 alamanta		
Uses summary/clarifying statement X	5a. Uses 0-1 elements	5b. Uses 2 elements	5c. Uses 3 or more elements	
Count each time the skill is used as one element			cicinicitio	
Notes: PC-1.1;3.1 PROF 3.3-3.4				
Assessing Patient or Family Perspective on				
Health				
Acknowledges patient verbal or non-verbal cues.	_		_	
Explores patient beliefs (explanatory model) or feelings				
Explores contextual influences: family, cultural,	6a. Uses 0 elements	6b. Uses 1 element	6c. Uses 2 or more elements	
spiritual.			CICILICIILS	
Number of patient verbal / non-verbal cues				
Notes: C 2.3 PROF 3.1-3.4				

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Trainee name Obser	verObsrvn#Date		
Skill Set and elements Check only what you see or hear. Avoid giving the benefit of the doubt.	Provider Centered Biomedical Focus	Patient Centered Biopsychosocial Focus	
Electronic Medical Record Use By 10 seconds, describes reason for each screen gaze Shares/points at screen during at least 2 visit phases (agenda setting, history, Rx / Lab review, typing AVS)	Ta. Uses 0 or 1 elements.	☐ 7b. Uses 2 elements	☐ 7c. Uses 3 or 4 elements
 Maintains eye contact and/or shares screen at least 2/3rds of the visit Ask patient to confirm or contribute to documentation 	Notes: C3.3;C4.1-3		
Physical Exam □ Prepares patient before physical exam actions and describes exam findings during the exam ("I am going to" then "your lungs sound healthy")	8a. 0-1 exam elements (eg., lungs)	Bb. 2 exam elements (eg, heart, lung)	☐ 8c. > 2 exam elements (eg, heart, lung, ears)
Notes: C 2.1-2,4; PC 2.2			(03, 100.1, 121.3, 02.0)
Sharing Information Avoids or explains medical jargon Summaries cover biomedical concerns Summaries cover psychosocial concerns. Invites Q/A	9a. Uses 0-1 elements	□ 9b. Uses 2 elements	9c. Uses 3 or more elements
Notes: C 2.1; PC 4.3			
Behavior Change/Self Management Asks if patient wants help with health behavior change. Explores pros and cons of behaviors (respects ambivalence) Reflects comments about: desire, ability, reason, need.	10c. Uses 0-1 elements or lectures patient	□ 10b. Uses 2-3 elements	□ 10c. Uses 4 or more elements
Asks permission to give advice			
 To brainstorm activities and choose one to reach goal To name activity frequency and time of day Scales confidence in change (1- 10) Assesses patient barriers 			
 Adjusts plan to address barriers Uses action plan worksheet (in AVS or separate) Affirms prior / current behavior change effort 			
Notes: C 2.4; PC 1.2; 2.3-5	·		
Co-creating a plan Describes options Discusses pros and cons Discusses uncertainties with the decision			
 Assesses patient understanding Asks for patient preferences Identifies and resolves decisional differences Plan respects patients goals and values 	☐ 11a. Use 0-2 element	☐ 11b. Uses 3-4 elements	□ 11c. Uses ≥ 5 elements
Notes: C 1.3;C 2.3-4; PC3.3; PROF 3.3-4			
 Closure Asks for questions about today's topics. Co-creates and prints a readable After Visit Summary Uses Teachback. = Asking the patient to explain his/her understanding of the plan Combines Teachback and AVS creation while sharing the screen or notepad. (Counts for 3 elements) 	☐ 12a. Uses 0-1 element	☐ 12b. Uses 2 elements	☐ 12c. Uses 3 elements
Notes: C 4.1-4; PC 2.2			