# **Sample Direct Observation Form: IU-Methodist Family Medicine Residency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| 1. Identifies & addresses psychosocial problems
 | ID potential psychosocial concerns. | Briefly addresses psychosocial problems. | Appropriately addresses psychosocial problems.  | Efficiently & appropriately addresses psychosocial concerns.  |
|  |  |  |  |  |
| 1. Interacts with pts of diverse backgrounds with sensitivity & respect
 | Shows discomfort or lack of regard for diverse pts. | Mild discomfort with diverse pts. | Respectful & comfortable with multiple pts from diverse backgrounds. | Shows sensitivity & respect for pts from various, diverse backgrounds. |
|  |  |  |  |  |
| 1. Utilizes language that is understandable by pt/family
 | Frequent use of jargon; info disorganized.  | Some jargon; info partially organized. | Uses easy-to-understand words; info presented in fairly organized manner.  | Uses understandable words & presents info that is clear & well organized.  |
|  |  |  |  |  |
| 1. Is attentive to pt
 | Minimally or somewhat attentive (occasional eye contact; body angled away; DN seem to listen). | Generally attentive (frequent eye contact; faces pt; listens to pt). | Consistently attentive (regular eye contact; faces pt; full attn. when pt speaks). | Highly attentive non-verbally & verbally.  |
|  |  |  |  |  |
| 1. Uses questions appropriately
 | Uses primarily closed-ended questions. | Uses primarily open-ended questions.  | Uses open-ended and follow-up questions appropriately.  | Effectively & efficiently uses open-ended and follow-up questions throughout the visit.  |
|  |  |  |  |  |
| 1. Determines plan of care in collaboration with pt (and family, if appropriate)
 | Makes care decisions without pt’s involvement.  | Clarifies pt’s goals; elicits pt’s preferences re. recommended care plan. | Co-creates care plan that addresses pt’s biomedical & psychosocial goals/values.  | Co-creates care plan that addresses biomedical & psychosocial elements; asks for pt input following outline of plan &modifies plan to address additional concerns of pt.  |
|  |  |  |  |  |
| 1. Diagnoses & manages chronic conditions
 | Recognized chronic conditions in interaction with pts.  | Basic workup and knows guidelines.  | Appropriate workup; screens for comorbidities & complications; applies/adjusts guidelines to address specific pt needs/situations.  | Able to manage multiple chronic conditions using a multidisciplinary approach; adjusts guidelines to specific pt situations.  |
|  |  |  |  |  |
| 1. Collaborates with pt to affect behavior change
 | Recognizes situations for which behavior change can positively affect pt’s health.  | Addresses behavior change concerns utilizing up to 2 key MI skills; but doesn’t collaboratively negotiate plan for new behaviors.  | Attempts to assess pt’s readiness for change; uses 3 or more MI skills during the encounter; collaboratively creates a plan aligned with pt’s readiness for change.  | Effectively assesses pt’s readiness for change, picking up on nonverbal cues. Co-creates a reasonable plan with pt.  |
|  |  |  |  |  |
| Overall Comments:  |  |  |  |  |