

Patient Centered Observation Form- Clinician version

Trainee name _____ Observer _____ Obsrvn# _____ 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 <i>Check only what you see or hear. Avoid giving the benefit of the doubt.</i> | Provider Centered Biomedical Focus | ←————→ | Patient Centered Biopsychosocial Focus |
|--|---|--------|--|
| Establishes Rapport <input type="checkbox"/> Introduces self <input type="checkbox"/> Warm greeting <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non medical interaction | <input type="checkbox"/> 1a. Uses 0-2 elements | | <input type="checkbox"/> 1b. Uses 3 elements. <input type="checkbox"/> 1c. Uses ≥ 4 elements |
| Notes: | | | |
| Maintains Relationship Throughout the Visit <input type="checkbox"/> Uses verbal or non-verbal empathy during discussions or during the exam <input type="checkbox"/> Uses continuer phrases (“um hmm”) <input type="checkbox"/> Repeats important verbal content <input type="checkbox"/> Demonstrates mindfulness through presence, curiosity, intent focus, not seeming “rushed” or acknowledging distractions | <input type="checkbox"/> 2a. Uses 0-1 elements | | <input type="checkbox"/> 2b. Uses 2 elements <input type="checkbox"/> 2c. Uses 3 or more elements |
| Notes: | | | |
| Collaborative upfront agenda setting <input type="checkbox"/> Additional elicitation- “something else?” * X _____ * <i>each elicitation counts as a new element</i> <input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR. <input type="checkbox"/> Asks or confirms what is most important to patient. | <input type="checkbox"/> 3a. Uses 0-1 elements | | <input type="checkbox"/> 3b. Uses 2 elements <input type="checkbox"/> 3c. Uses ≥ 3 elements |
| Note patient concerns here: | | | |
| Maintains Efficiency using transparent (out loud) thinking and respectful interruption: <input type="checkbox"/> Talks about visit time use / visit organization <input type="checkbox"/> Talks about problem priorities <input type="checkbox"/> Talks about problem solving strategies <input type="checkbox"/> Respectful interruption/redirection using EEE: <i>Excuse your self, Empathize/validate issue being interrupted, Explain the reason for interruption (eg, for Topic tracking)</i> | <input type="checkbox"/> 4a. Uses 0 elements | | <input type="checkbox"/> 4b. Uses 1 element <input type="checkbox"/> 4c. Uses 2 or more elements |
| Notes: | | | |
| Gathering Information <input type="checkbox"/> Uses open-ended question X _____ <input type="checkbox"/> Uses reflecting statement X _____ <input type="checkbox"/> Uses summary/clarifying statement X _____ <u>Count each time the skill is used as one element</u> | <input type="checkbox"/> 5a. Uses 0-1 elements | | <input type="checkbox"/> 5b. Uses 2 elements <input type="checkbox"/> 5c. Uses 3 or more elements |
| Notes: | | | |
| Assessing Patient or Family Perspective on Health <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues. <input type="checkbox"/> Explores patient beliefs or feelings <input type="checkbox"/> Explores contextual influences: family, cultural, spiritual. Number of patient verbal / non-verbal cues _____ | <input type="checkbox"/> 6a. Uses 0 elements | | <input type="checkbox"/> 6b. Uses 1 element <input type="checkbox"/> 6c. Uses 2 or more elements |
| Notes: | | | |

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|--|--|---|---|
| Electronic Medical Record Use <input type="checkbox"/> Regularly describes use of EMR to patient <input type="checkbox"/> Maintains eye contact with patient during majority of time while using EMR. <input type="checkbox"/> Positions monitor to be viewed by patient <input type="checkbox"/> Points to screen | <input type="checkbox"/> 7a. Uses 0 or 1 elements. | <input type="checkbox"/> 7b. Uses 2 elements | <input type="checkbox"/> 7c. Uses 3 or 4 elements |
| <i>Notes:</i> | | | |
| Physical Exam <input type="checkbox"/> Prepares patient before physical exam actions and describes exam findings during the exam ("I am going to ___" then "your lungs sound healthy") | <input type="checkbox"/> 8a. 0-1 exam elements (eg., lungs) | <input type="checkbox"/> 8b. 2 exam elements (eg, heart, lung) | <input type="checkbox"/> 8c. > 2 exam elements (eg, heart, lung, ears) |
| <i>Notes:</i> | | | |
| Sharing Information <input type="checkbox"/> Avoids or explains medical jargon <input type="checkbox"/> Summaries cover biomedical concerns <input type="checkbox"/> Summaries cover psychosocial concerns. <input type="checkbox"/> Invites Q/A | <input type="checkbox"/> 9a. Uses 0-1 elements | <input type="checkbox"/> 9b. Uses 2 elements | <input type="checkbox"/> 9c. Uses 3 or more elements |
| <i>Notes:</i> | | | |
| Behavior Change Discussions <input type="checkbox"/> Explores pt knowledge about behaviors <input type="checkbox"/> Explores pros and cons of behavior change <input type="checkbox"/> Scales importance of or confidence in change (1- 10) <input type="checkbox"/> Asks permission to give advice <input type="checkbox"/> Reflects comments about: desire, ability, reason, need, or commitment to change (respects ambivalence) <input type="checkbox"/> Creates a plan aligned with patient's readiness (see MA/nurse version of PCOF <input type="checkbox"/> Affirms behavior change effort or success | <input type="checkbox"/> 10c. Uses 0-1 elements or lectures patient | <input type="checkbox"/> 10b. Uses 2-3 elements | <input type="checkbox"/> 10c. Uses 4 or more elements |
| <i>Notes:</i> | | | |
| Co-creating a plan <input type="checkbox"/> Assesses patient preferred decision making role <input type="checkbox"/> States the clinical issue or decision to be made <input type="checkbox"/> Describes options <input type="checkbox"/> Discusses pros and cons <input type="checkbox"/> Discusses uncertainties with the decision <input type="checkbox"/> Assesses patient understanding <input type="checkbox"/> Asks for patient preferences <input type="checkbox"/> Identifies and resolves decisional differences <input type="checkbox"/> Plan respects patients goals and values | <input type="checkbox"/> 11a. Use 0-2 element | <input type="checkbox"/> 11b. Uses 3-4 elements | <input type="checkbox"/> 11c. Uses ≥ 5 elements |
| <i>Notes:</i> | | | |
| Closure <input type="checkbox"/> Asks for questions about today's topics. <input type="checkbox"/> Co-creates and prints a readable After Visit Summary <input type="checkbox"/> Uses Teachback. = Asking the patient to explain his/her understanding of the plan <input type="checkbox"/> Combines Teachback and AVS creation while sharing the screen or notepad. (Counts for 3 elements) | <input type="checkbox"/> 12a. Uses 0-1 element | <input type="checkbox"/> 12b. Uses 2 elements | <input type="checkbox"/> 12c. Uses 3 elements |
| <i>Notes:</i> | | | |