

# Patient Centered Observation Form:

## MA/Nurse

Trainee name \_\_\_\_\_ Observer \_\_\_\_\_ Obsrvn# \_\_\_\_\_ Date \_\_\_\_\_

Directions: *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 columns. Record important MA/ Nurse or 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.*

| Element                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>MA/Nurse<br/>Centered<br/>Biomedical Focus</b> </div> <div style="text-align: center; flex-grow: 1;"> </div> <div style="text-align: center;"> <b>Patient Centered<br/>Biopsychosocial<br/>Focus</b> </div> </div> |                                                 |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <b>Establishes Rapport</b><br><input type="checkbox"/> Introduces self<br><input type="checkbox"/> Warm greeting<br><input type="checkbox"/> Acknowledges all in the room by name<br><input type="checkbox"/> Uses eye contact<br><input type="checkbox"/> Humor or non medical interaction                                                                                                                                                                                                                                                      | <input type="checkbox"/><br>1a. Uses 0-2 elements                                                                                                                                                                                                                                                                                         | <input type="checkbox"/><br>1b. Uses 3 elements | <input type="checkbox"/><br>1c. Uses ≥ 4 elements       |
| <b>Maintaining Relationship Through the Interaction</b><br><input type="checkbox"/> Uses verbal or non-verbal empathy, including during vitals<br><input type="checkbox"/> Listens well using continuer phrases ("um hmm")<br><input type="checkbox"/> Paraphrases important verbal content;<br><input type="checkbox"/> <i>Demonstrates mindfulness through curiosity, intent focus, not seeming "rushed" or by acknowledging distractions</i>                                                                                                  | <input type="checkbox"/><br>2a. Uses 0-1 elements                                                                                                                                                                                                                                                                                         | <input type="checkbox"/><br>2b. Uses 2 elements | <input type="checkbox"/><br>2c. Uses 3 or more elements |
| <b>Collaborative upfront agenda setting</b><br><input type="checkbox"/> Additional elicitation- "something else?"- each elicitation counts as a new element<br><input type="checkbox"/> Acknowledges agenda items from other team member (eg receptionist), from form, or from EMR.<br><input type="checkbox"/> Confirms what is most important to patient?                                                                                                                                                                                      | <input type="checkbox"/><br>3a. Uses 0-1 elements                                                                                                                                                                                                                                                                                         | <input type="checkbox"/><br>3b. Uses 2 elements | <input type="checkbox"/><br>3c. Uses ≥ 3 elements       |
| <b>NAME THE PROBLEMS RAISED BY PATIENT OR MA/Nurse:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                         |
| <b>Maintains Efficiency through transparent (out loud) thinking:</b><br><input type="checkbox"/> <i>about visit MA/Nurse time use</i><br><input type="checkbox"/> <i>about entire visit organization</i><br><input type="checkbox"/> <i>about problem solving strategies</i><br><input type="checkbox"/> <i>Respectful interruption/redirection using EEE: Excuse your self, Empathize/validate issue being interrupted, Explain the reason for interruption ( eg, for Agenda setting, Topic tracking)</i>                                       | <input type="checkbox"/><br>4a. Uses 0 elements                                                                                                                                                                                                                                                                                           | <input type="checkbox"/><br>4b. Uses 1 element  | <input type="checkbox"/><br>4c. Uses 2 or more elements |
| <b>Basics: Vitals, Checks Meds and Paperwork</b><br><input type="checkbox"/> Prepares patient and shares vital findings ≥ 2 times<br><input type="checkbox"/> Asks about paperwork<br><input type="checkbox"/> Asks about refills                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/><br>5a. Uses 0-1 elements                                                                                                                                                                                                                                                                                         | <input type="checkbox"/><br>5b. Uses 2 elements | <input type="checkbox"/><br>5c. Uses 3 elements         |
| <b>Patient Activation and Engagement</b><br><b>(encourages pt to bring up important issues) ____ #</b><br><b>of clues</b><br><input type="checkbox"/> Explores patient verbal cue about psychosocial or physical concern<br><input type="checkbox"/> Explores patient non-verbal cue about underlying concern<br><input type="checkbox"/> Asks if patient has questions<br><input type="checkbox"/> Encourages patient to address concerns with provider<br><input type="checkbox"/> Explores contextual influences: family, cultural, spiritual | <input type="checkbox"/><br>6a. Uses 0-1 elements                                                                                                                                                                                                                                                                                         | <input type="checkbox"/><br>6b. Uses 2 elements | <input type="checkbox"/><br>6c. Uses ≥ 3 elements       |

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Trainee name \_\_\_\_\_

Observer \_\_\_\_\_

Obsrvn# \_\_\_\_\_

Date \_\_\_\_\_

| Element                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>MA/Nurse</b><br><b>Centered</b> ← <b>Biomedical Focus</b> |                                                    |                                                         | <b>Patient Centered</b><br><b>Biopsychosocial</b> <b>Focus</b> |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------|--|--|
| <b>Electronic Medical Record Use</b><br><input type="checkbox"/> Regularly describes use of EMR to patient<br><input type="checkbox"/> Maintains eye contact with patient during majority of time while using EMR.<br><input type="checkbox"/> Positions monitor to be viewed by patient<br><input type="checkbox"/> Points to screen                                                                                                                                                                                                                                                                       | <input type="checkbox"/><br>7a. Uses 0 or 1 elements.        | <input type="checkbox"/><br>7b. Uses 2 elements    | <input type="checkbox"/><br>7c. Uses 3 or 4 elements    |                                                                |  |  |
| <b>Gathering Information</b><br><input type="checkbox"/> Collects focused history per problem X____<br><input type="checkbox"/> Uses reflecting statement X____<br><input type="checkbox"/> Uses summary/clarifying statement X____<br><u>Count each time the skill is used as one element</u>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/><br>8a. Uses 0 elements              | <input type="checkbox"/><br>8b. Uses 1-2 elements  | <input type="checkbox"/><br>8c. Uses 3 or more elements |                                                                |  |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                                                    |                                                         |                                                                |  |  |
| <b>Self management support: Goal setting and action plan development</b><br>NOT PRESENT IN EVERY INTERVIEW<br><input type="checkbox"/> Asks if patient wants to create a health goal<br><input type="checkbox"/> Asks patient to brainstorm activities to reach goal<br><input type="checkbox"/> Asks patient to chose one activity<br><input type="checkbox"/> Asks patient to name activity frequency<br><input type="checkbox"/> Asks patient to identify time for activity<br><input type="checkbox"/> Assesses patient confidence (1 through 10)<br><input type="checkbox"/> Assesses patient barriers | <input type="checkbox"/><br>9a. Uses 0-2 elements.           | <input type="checkbox"/><br>9b. Uses 3-5 elements  | <input type="checkbox"/><br>9c. Uses ≥ 6 elements       |                                                                |  |  |
| <b>Self management Follow-up: Checking on progress, revision</b><br><input type="checkbox"/> Assesses progress on prior goals<br><input type="checkbox"/> Problem solves with patient to revise action plan<br><input type="checkbox"/> Celebrates patient successes<br><input type="checkbox"/> "Normalizes" struggles with self management<br><input type="checkbox"/> Ask about including action plan in today's agenda                                                                                                                                                                                  | <input type="checkbox"/><br>10a. Uses 0-1 elements           | <input type="checkbox"/><br>10b. Uses 1-3 elements | <input type="checkbox"/><br>10c. Use ≥ 4 elements       |                                                                |  |  |
| <b>Closure and System Navigation</b><br><input type="checkbox"/> Asks for questions about today's topics.<br><input type="checkbox"/> Assesses patient comfort with system navigation<br><input type="checkbox"/> Provides system navigation aid<br><input type="checkbox"/> Uses Teachback. = Asking the patient to explain his/her understanding of the plan<br><input type="checkbox"/> Prints After Visit Summary<br><input type="checkbox"/> Combines Teachback and AVS creation while sharing the screen. (Counts for 3 elements)                                                                     | <input type="checkbox"/><br>11a. Uses 0-1 elements           | <input type="checkbox"/><br>11.b Uses 2-3 elements | <input type="checkbox"/><br>11c. Use ≥ 4 elements       |                                                                |  |  |