

FAMILY-CENTERED OBSERVATION FORM (FCOF)

This form structures feedback and enhances self-awareness of family-oriented interviewing skills. Please check the box next to a skill to indicate that you observed it. Check only what you see or hear. Avoid giving benefit of the doubt. If an item is not applicable cross it out.

ESTABLISHING RAPPORT WITH PATIENT (PT) AND FAMILY MEMBER (FM)											
<input type="checkbox"/> Introduced self to patient if new <input type="checkbox"/> Acknowledged patient by name <input type="checkbox"/> Introduced other care providers in room <input type="checkbox"/> Made appropriate eye contact Comments:	<input type="checkbox"/> Introduced self to FM(s) if new <input type="checkbox"/> Acknowledged FM(s) by name <input type="checkbox"/> Clarified relationship between PT and FM(s) <input type="checkbox"/> Briefly discussed non-medical topic or used humor	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-3 boxes checked)</td> <td style="text-align: center; padding: 2px;">(4-6 boxes checked)</td> <td style="text-align: center; padding: 2px;">(7-8 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-3 boxes checked)	(4-6 boxes checked)	(7-8 boxes checked)
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FAMILY-CENTERED AGENDA SETTING											
<input type="checkbox"/> Noted previous agenda items from: (1) previous medical visits, or (2) the Electronic Health Record (EHR), or (3) other care team members (e.g. MA or nurse) <input type="checkbox"/> Solicited PT input on agenda (<i>"Something else?"</i>) Comments:	<input type="checkbox"/> Solicited input from FM(s) (<i>"Something you...?"</i>) <input type="checkbox"/> Stated own goals for the visit <input type="checkbox"/> Prioritized agenda with PT and FM(s) <input type="checkbox"/> Discussed time use with PT and FM(s)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-1 boxes checked)</td> <td style="text-align: center; padding: 2px;">(2-3 boxes checked)</td> <td style="text-align: center; padding: 2px;">(4-6 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-1 boxes checked)	(2-3 boxes checked)	(4-6 boxes checked)
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FAMILY-CENTERED INTERVIEWING – SKILLS											
<input type="checkbox"/> Asked both open- and closed-ended questions <input type="checkbox"/> Reflected content to emphasize or clarify <input type="checkbox"/> Summarized key points and patterns <input type="checkbox"/> Used jargon-free language (or explained terms) <input type="checkbox"/> Explained physical exam and findings	<input type="checkbox"/> Redirected conversation topic as needed <input type="checkbox"/> Solicited each person's perspective <input type="checkbox"/> Blocked interruptions when necessary <input type="checkbox"/> Verbally acknowledged PT's emotions <input type="checkbox"/> Verbally acknowledged FM's emotions	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-3 boxes checked)</td> <td style="text-align: center; padding: 2px;">(4-6 boxes checked)</td> <td style="text-align: center; padding: 2px;">(7-10 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-3 boxes checked)	(4-6 boxes checked)	(7-10 boxes checked)
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FAMILY-CENTERED INTERVIEWING – PROCESS											
<input type="checkbox"/> Was "present" (e.g. curious, attentive, not rushed) <input type="checkbox"/> Was sensitive to matters of culture and diversity <input type="checkbox"/> Appropriately used EHR during the visit <input type="checkbox"/> Maintained neutrality / avoided taking sides Comments:	<input type="checkbox"/> Asked PT's permission to discuss info w/ FM(s) <input type="checkbox"/> Clarified if interview with PT alone is needed <input type="checkbox"/> Verbally acknowledged differing perspectives <input type="checkbox"/> Verbally acknowledged shared perspectives	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-3 boxes checked)</td> <td style="text-align: center; padding: 2px;">(4-5 boxes checked)</td> <td style="text-align: center; padding: 2px;">(6-8 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-3 boxes checked)	(4-5 boxes checked)	(6-8 boxes checked)
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FAMILY-CENTERED INTERVIEWING – CONTENT											
Check if provider discussed the following family-centered topics with patient [PT] and/or family member [FM]:											
<input type="checkbox"/> <input type="checkbox"/> Family problems assoc. with PT's diagnosis <input type="checkbox"/> <input type="checkbox"/> Family history of similar problem(s) <input type="checkbox"/> <input type="checkbox"/> PT and FM beliefs about the problem(s) <input type="checkbox"/> <input type="checkbox"/> PT and FM emotions affecting problem(s) <input type="checkbox"/> <input type="checkbox"/> Family communication about problem(s)	<input type="checkbox"/> <input type="checkbox"/> Family patterns & dynamics (roles, rules, behaviors) <input type="checkbox"/> <input type="checkbox"/> How the family adds support for the problem(s) <input type="checkbox"/> <input type="checkbox"/> How the family adds stress to the problem(s) <input type="checkbox"/> <input type="checkbox"/> How the family culture affects the problem(s) <input type="checkbox"/> <input type="checkbox"/> Differing opinions in answers to these topics	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-1 topics discussed)</td> <td style="text-align: center; padding: 2px;">(2-3 topics discussed)</td> <td style="text-align: center; padding: 2px;">(4-10 topics discussed)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-1 topics discussed)	(2-3 topics discussed)	(4-10 topics discussed)
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FAMILY-CENTERED CARE PLANNING											
<input type="checkbox"/> Shared pros & cons of treatment options <input type="checkbox"/> Developed plan with PT input & agreement <input type="checkbox"/> Developed plan with FM input & agreement <input type="checkbox"/> Invited questions from patient Comments:	<input type="checkbox"/> Invited questions from family members <input type="checkbox"/> Used "Teachback" (asked PT/FMs to explain plan) <input type="checkbox"/> Recognized & discussed need for other professional help (family therapy, hospice, etc.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-2 boxes checked)</td> <td style="text-align: center; padding: 2px;">(3-4 boxes checked)</td> <td style="text-align: center; padding: 2px;">(5-7 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-2 boxes checked)	(3-4 boxes checked)	(5-7 boxes checked)
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FAMILY-CENTERED OBSERVATION FORM (FCOF)

Side B: Family NOT Present

This form structures feedback and enhances self-awareness of family-oriented interviewing skills. Please check the box next to a skill to indicate that you observed it. Check only what you see or hear. Avoid giving benefit of the doubt. If an item is not applicable cross it out.

ESTABLISHING RAPPORT WITH PATIENT (PT) IN A FAMILY CONTEXT											
<input type="checkbox"/> Introduced self to patient if new <input type="checkbox"/> Introduced other care providers in room <input type="checkbox"/> Made appropriate eye contact	<input type="checkbox"/> Acknowledged patient by name <input type="checkbox"/> Inquired about family involvement in healthcare <input type="checkbox"/> Briefly discussed non-medical topic or used humor	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-2 boxes checked)</td> <td style="text-align: center; padding: 2px;">(3-4 boxes checked)</td> <td style="text-align: center; padding: 2px;">(5-6 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-2 boxes checked)	(3-4 boxes checked)	(5-6 boxes checked)
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FAMILY-CENTERED AGENDA SETTING											
<input type="checkbox"/> Noted previous agenda items from: (1) previous medical visits, or (2) the Electronic Health Record (EHR), or (3) other care team members (e.g. MA or nurse) <input type="checkbox"/> Solicited PT input on agenda ("Something else?")	<input type="checkbox"/> Solicited patient's view of FM's goals for the visit* <input type="checkbox"/> Stated provider's own goals for the visit <input type="checkbox"/> Prioritized agenda with patient <input type="checkbox"/> Discussed time use and visit organization	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-1 boxes checked)</td> <td style="text-align: center; padding: 2px;">(2-3 boxes checked)</td> <td style="text-align: center; padding: 2px;">(4-6 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-1 boxes checked)	(2-3 boxes checked)	(4-6 boxes checked)
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Comments:											
<i>*When appropriate, have a patient share his/her family member(s)' concerns (e.g. "Is there anything that your wife would want me to address with you today?")</i>											
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<input type="checkbox"/> Asked both open- and closed-ended questions <input type="checkbox"/> Reflected content to emphasize or clarify <input type="checkbox"/> Summarized key points and patterns <input type="checkbox"/> Used jargon-free language (or explained terms)	<input type="checkbox"/> Redirected conversation topic as needed <input type="checkbox"/> Verbally acknowledged PT's emotions <input type="checkbox"/> Verbally acknowledged FM's potential emotions <input type="checkbox"/> Explained physical exam and findings	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-2 boxes checked)</td> <td style="text-align: center; padding: 2px;">(3-5 boxes checked)</td> <td style="text-align: center; padding: 2px;">(6-8 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-2 boxes checked)	(3-5 boxes checked)	(6-8 boxes checked)
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Comments:											
FAMILY-CENTERED INTERVIEWING – CONTENT											
Check if provider discussed the following family-centered topics with PT using direct [D] and/or relational [R] questioning**											
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Family problems assoc. with PT's diagnosis <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Family history of similar problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PT and FM beliefs about the problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PT and FM emotions affecting problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Family communication about problem(s)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Family patterns & dynamics (roles, rules, behaviors) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> How the family adds support for the problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> How the family adds stress to the problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> How the family culture affects the problem(s) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Differing opinions in answers to any of these topics	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-1 topics discussed)</td> <td style="text-align: center; padding: 2px;">(2-3 topics discussed)</td> <td style="text-align: center; padding: 2px;">(4-10 topics discussed)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-1 topics discussed)	(2-3 topics discussed)	(4-10 topics discussed)
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Comments:											
<i>**Direct questioning is asking the patient directly. Relational (circular) questioning is having the patient consider answers from a family member's perspective (e.g. "What does your daughter think about how you're handling this?")</i>											
FAMILY-CENTERED CARE PLANNING											
<input type="checkbox"/> Developed plan with PT input & agreement <input type="checkbox"/> Developed plan considering FM's perspectives <input type="checkbox"/> Shared pros & cons of treatment options	<input type="checkbox"/> Used "Teachback" (asked PT/FMs to explain plan) <input type="checkbox"/> Invited questions (true invitation, not a gesture) <input type="checkbox"/> Recognized & discussed need for other professional help (family therapy, hospice, etc.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Novice</th> <th style="padding: 2px;">Emerging</th> <th style="padding: 2px;">Competent</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">(0-2 boxes checked)</td> <td style="text-align: center; padding: 2px;">(3-4 boxes checked)</td> <td style="text-align: center; padding: 2px;">(5-6 boxes checked)</td> </tr> </table>	Novice	Emerging	Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(0-2 boxes checked)	(3-4 boxes checked)	(5-6 boxes checked)
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