**Observed Visit Feedback Form**

**Resident:**

**Evaluator:**

**Date:**

**Instructions:** Please observe **entire** encounter and then circle, highlight, or **bold** any behaviors witnessed during encounter. You may ~~strikethrough~~ behaviors that could have been done but weren’t. Once completed, please review feedback immediately with resident, copy form for resident, and email or send to -----------.

**Medical Interview**

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| **Preparation and Greeting** | * No initial personal greeting * Poor eye contact or body language * Ignores others in the room | * Uses patient’s name * Satisfactory eye contact & body language | * Creates a warm environment * Appropriate eye contact and body language (IC1L1) * Rapport building throughout visit (IC1L1,2,3,4) |
| **Establishing Focus** | * Repeatedly interrupts patient * Remains standing * Provider solely chooses problem to address * No agenda setting * Tries to address too many problems | * Early unnecessary interruptions * Simple prioritizing or agenda set based on providers needs * Does not specify problems for future visits | * Allows pt to express initial concerns w/o interruptions (IC1L2) * Elicits complete problem lists * Set agenda and prioritizes all parts of the encounter (IC1L2) |
| **Gathering Information** | * Uses only closed-ended questions * Incomplete symptom history * No reflecting, clarifying, or summarizing | * Uses some open ended questions * Some use of reflection, summary, and clarification | * Skilled at using open/closed ended questions * Explores root cause of symptoms * Ability to redirect when needed |

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| **Comments:** |

**Physical Exam**

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| **Physical Exam Skills** | * Inefficient or illogical sequence * Missing steps to exam * Performed incorrectly | * Appropriate but inefficient sequence * Repeats part of exam for completion or additional information | * Efficient, logical sequence (PC1L1) * Provides patient feedback on exam (ICL1,2) |
| **Comments:** | | | |

**Assessment & Plan**

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| **Assessment** | * Inadequate or absent differential diagnosis * Inappropriate prioritization of differential | * Limited but accurate differential offered (PC1&2L1&2; MK2L2&3) * Some prioritization requiring refinement * Considers preventative elements of care (PC3L1,2,3,4) | * Complete and accurate differential offered (PC1&2L1&2; MK2L2&3) * Appropriately prioritizes differential * Accurately diagnoses, assesses, or stages condition (PC1L1&2; PC4L2;MK2L2&3) * Incorporates prevention into visit (PC3L1,2,3,4) |
| **Plan** | * “Shotgun” approach to diagnostic tests with no reasoning or logic * Selects inappropriate txs or management ideas * Uninformed about risk/benefits | * Able to order and start simple tests/treatments (PC3L3; PC4L3; MK2L1,4) * Needs assistance in nuances/detailed plans * Understands basic risks/benefits * Develops simple management plan (PC1L2;PC2L1) * Labels existence of clinical guidelines or protocols but does not use | * Able to selectively order/perform appropriate diagnostic studies (PC3L3; PC4L3; MK2L1,4) * Considers all risks/benefits prior to initiating treatment plan/testing (PC5L3;SBP1L2;SBP3L2) * Makes appropriate use of clinical guidelines or protocols (PC1L1;PC2L2;PC3L1,2,4) |
| **Comments:** | | | |

**Counseling Skills/Shared Decision Making**

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| **Sharing Information** | * Information presented in authoritative manner Medical jargon used * No questions elicited | * Information merely presented * Unclear medical language clarified * Questions elicited | * Information shared with medical language at patient’s level (IC1L2) * Questions encouraged (PBLI1L2; IC1L2) * Discusses risk/benefits with patient (SBP3L3; IC1L1-5) * Confirms comprehension of patient and family (PC4L3; IC1L2,3,4,5) |
| **Reaching Agreement** | * Resident states plan * Fails to include all present * No flexibility or negotiation * No check on family/pt acceptance | * >1 tx plan offered, some negotiation in tx plan * Family concerns addressed if brought up | * >1 tx plan offered and pros/cons discussed (SBP3L3; IC1L2,3,4,5) * Elicits pt’s/family’s reaction (IC1L3,4) * Confirms feasibility and “buy-in” of plan (PC1L4; PBLI1L2,3; IC1L2,3,4,5) * Engages patient in self-management (PC2L3,4) |
| **Providing Closure** | * Plan not summarized * Not questioned about other concerns * F/u absent/vague | * Plan and f/u summarized * Pt asked for questions, but comprehension not confirmed | * Comprehension of plan checked (PC4L3; IC1L2) * F/u plans clear and specific * Expected course/outcome clear |
| **Comments:** | | | |

**Relationship Skills**

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| **Understanding Patient & Family perspective** | * No inquiry into patient’s beliefs * Ignores clues of stress * Does not address family’s concerns | * Explores 1-2 pt’s beliefs * Acknowledges pt stress when brought up * Family input considered if shared | * Explores all pertinent patient and family beliefs (PC1L3; IC1L1-5) * Invites family input if not given |
| **Humanistic Qualities & professionalism** | * Lack of respect, compassion, empathy * Lack of attention to patient’s comfort, modesty, confidentiality | * Occasional lapses in ability to show empathy/compassion * Lapses in ability to pay attention to comfort and modesty | * Shows respect, compassion, and empathy through entire encounter (IC1L1,2,3,4) * Establishes trust * Attends to patient’s needs of comfort, modesty, confidentiality (PC1L3) |
| **Comments:** | | | |

**Organization & Efficiency**

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| **Organization & Efficiency** | * Confused visit structure * Easily distracted or drawn off topic * Inefficient in all parts of encounter * Does not use team members to help with efficiency | * Able to focus on timeliness by redirecting patient when needed * Organized visit structure * Used team members to help improve efficiency | * Pays attention to time * Efficient in all steps of encounter * Uses team members and EMR to improve efficiency (SBP2L1,2,3; IC2L1,2,4,5; IC3) |
| **Comments:** | | | |

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| **Goals**: |