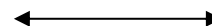


Observed Patient Encounter Assessment Form

Student _____ Observer _____ Date _____

Track behaviors in the left column. Mark one box per row based on the number of **applicable behaviors** the student used during the visit. Competent skill use is in one of the right two columns.

 Provider Centered
Biomedical Focus

 Patient Centered
Biopsychosocial Focus

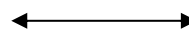
	Uses Few (1 pt)	Uses Half (2 pts)	Uses Many (3 pts)	Uses Consistently (4 pts)
Rapport and Relationship <input type="checkbox"/> Introduces self <input type="checkbox"/> Warm greeting <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction <input type="checkbox"/> Strong verbal or non-verbal empathy <input type="checkbox"/> Listens well using continuer phrases ("um hmm") <input type="checkbox"/> Repeats important verbal content <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues. <input type="checkbox"/> Allows appropriate time for patient's response <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> Might not be captured on video </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:				
Gathering Information/Efficiency <input type="checkbox"/> Uses open-ended questions instead of leading questions <input type="checkbox"/> Uses reflecting statement <input type="checkbox"/> Uses summary/clarifying statement <input type="checkbox"/> Explores relevant past medical and surgical history <input type="checkbox"/> Relates the social history appropriately to the HPI <input type="checkbox"/> Additional elicitation - "anything else I should know?" <input type="checkbox"/> Confirms what is most important to patient <input type="checkbox"/> Performs an appropriate physical exam <input type="checkbox"/> Asks relevant ROS questions <input type="checkbox"/> Maintains appropriate flow & organization of interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:				
Differential Diagnosis/Clinical Reasoning <input type="checkbox"/> Considers the most likely causes <input type="checkbox"/> Responds with appropriate follow up questions <input type="checkbox"/> Recognizes/asks about a red flag symptom <input type="checkbox"/> Maintains a broad differential early on in visit <input type="checkbox"/> Explores a less common cause with follow up questions <input type="checkbox"/> Considers psychosocial aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:				

Observed Patient Encounter Assessment Form

Student

Observer

Date

 Provider Centered
Biomedical Focus

 Patient Centered
Biopsychosocial Focus

	<i>Uses Few (1 pt)</i>	<i>Uses Half (2 pts)</i>	<i>Uses Many (3 pts)</i>	<i>Uses Consistently (4 pts)</i>
Presentation to Preceptor <input type="checkbox"/> <i>Presentation is organized</i> <input type="checkbox"/> <i>Reviews most likely differential</i> <input type="checkbox"/> <i>Makes a commitment</i> <input type="checkbox"/> <i>Provides supporting evidence</i> <input type="checkbox"/> <i>Plan avoids unnecessary testing</i> <input type="checkbox"/> <i>Plan is comprehensive for the acute problem</i> <input type="checkbox"/> <i>Plan considers patient input and/or preferences</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan, Closure and Follow up <input type="checkbox"/> <i>Explains diagnosis</i> <input type="checkbox"/> <i>Shares the differential and the reasoning behind the diagnosis when appropriate</i> <input type="checkbox"/> <i>Describes alternative treatment options when appropriate</i> <input type="checkbox"/> <i>Plan given to patient is specific</i> <input type="checkbox"/> <i>Plan includes prevention for the acute issue</i> <input type="checkbox"/> <i>Plan includes symptom control</i> <input type="checkbox"/> <i>Plan includes follow-up instructions</i> <input type="checkbox"/> <i>Avoids or explains medical jargon</i> <input type="checkbox"/> <i>Invites questions</i> <input type="checkbox"/> <i>Uses Teachback. = Asking the patient to explain his/her understanding of the plan</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUMMARY COMMENTS: 				
<i>This domain is not graded. It is purely for feedback and is optional.</i> Behavior Change Discussions <input type="checkbox"/> <i>Explores pt knowledge about behaviors</i> <input type="checkbox"/> <i>Explores pros <u>and</u> cons of behavior change</i> <input type="checkbox"/> <i>Scales confidence or importance</i> <input type="checkbox"/> <i>Asks permission to give advice</i> <input type="checkbox"/> <i>Reflects or summarizes patient thoughts and feelings</i> <input type="checkbox"/> <i>Creates a plan aligned with patient's readiness</i> <input type="checkbox"/> <i>Affirms behavior change effort or success</i>				