

Patient Centered Observation Form

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 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"/> 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"/> Demonstrates mindfulness through curiosity, self-reflection, or presence	<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?”- <u>each elicitation counts as a new element</u> <input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR. <input type="checkbox"/> 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 through transparent (out loud) thinking: <input type="checkbox"/> about visit time use / visit organization <input type="checkbox"/> about problem priorities <input type="checkbox"/> about problem solving	<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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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				
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				
Notes:							
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. Never	<input type="checkbox"/> 8b. some of the time, up to half the time	<input type="checkbox"/> 8c. Most of the time				
Notes:							
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				
Notes:							
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 confidence or importance <input type="checkbox"/> Asks permission to give advice <input type="checkbox"/> Reflects or summarizes patient thoughts and feelings <input type="checkbox"/> Creates a plan aligned with patient’s readiness <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				
Notes:							
Co-creating a plan <u>Informed Decision Making (when appropriate)</u> <input type="checkbox"/> Shares evidence(when available) behind recommendations <input type="checkbox"/> Describes alternative options <input type="checkbox"/> Examines pros and cons <input type="checkbox"/> Describes uncertainties of viable options <u>Shared Decision Making</u> <input type="checkbox"/> Plan <u>respects patient’s</u> biomedical goals / values. <input type="checkbox"/> Plan <u>respects patient’s</u> psychosocial goals and values. <input type="checkbox"/> Asks for patient preferences <input type="checkbox"/> Asks for patient input and, if needed, modifies plan	<input type="checkbox"/> 11a. Use 0 elements	<input type="checkbox"/> 11b. Uses 1-2 elements	<input type="checkbox"/> 11c. Uses 3-4 elements.				
<input type="checkbox"/> 12a. Use 0-1 element	<input type="checkbox"/> 12b. Uses 2 elements	<input type="checkbox"/> 12c. Uses ≥ 3 elements	Notes:				
Closure and Follow-up <input type="checkbox"/> Asks for questions about today’s topics. <input type="checkbox"/> Prints After Visit Summary <input type="checkbox"/> Uses Teachback. = Asking the patient to explain his/her understanding of the plan	<input type="checkbox"/> 13a. Uses 0-1 element	<input type="checkbox"/> 13b. Uses 2 elements	<input type="checkbox"/> 13c. Uses 3 elements	Notes:			