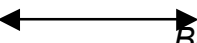


# Patient Centered Observation Form- Clinician version

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 right side 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.

<b>Skill Set and elements</b> Check only what you see or hear. Avoid giving the benefit of the doubt.	<b>Provider Centered Biomedical Focus</b>		<b>Patient Centered Biopsychosocial Focus</b>
<b>Establishes Rapport</b> <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:			
<b>Maintains Relationship Throughout the Visit</b> <input type="checkbox"/> Uses verbal or non-verbal empathy during discussions or during the exam <input type="checkbox"/> Uses continuer phrases ("um hmm") <input type="checkbox"/> Repeats important verbal content <input type="checkbox"/> Demonstrates mindfulness through presence, curiosity, intent focus, not seeming "rushed" or acknowledging distractions	<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:			
<b>Collaborative upfront agenda setting</b> <input type="checkbox"/> Additional elicitation- "something else?" * X_____ <i>* each elicitation counts as a new element</i> <input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR. <input type="checkbox"/> Asks or 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:			
<b>Maintains Efficiency using transparent (out loud) thinking and respectful interruption:</b> <input type="checkbox"/> Talks about visit time use / visit organization <input type="checkbox"/> Talks about problem priorities <input type="checkbox"/> Talks about problem solving strategies <input type="checkbox"/> Respectful interruption/redirection using EEE: <b>Excuse</b> your self, <b>Empathize/validate</b> issue being interrupted, <b>Explain</b> the reason for interruption ( eg, for Topic tracking)	<input type="checkbox"/> 4a. Uses 0 elements	<input type="checkbox"/> 4b. Uses 1 element	<input type="checkbox"/> 4c. Uses 2 or more elements
Notes:			
<b>Gathering Information</b> <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:			
<b>Assessing Patient or Family Perspective on Health</b> <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:			

# Patient Centered Observation Form- Clinician version

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

<b>Skill Set and elements</b> <i>Check only what you see or hear.</i> <i>Avoid giving the benefit of the doubt.</i>	<b>Provider Centered</b> <b>Biomedical Focus</b>		<b>Patient Centered</b> <b>Biopsychosocial Focus</b>
<b>Electronic Medical Record Use</b> <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:			
<b>Physical Exam</b> <input type="checkbox"/> Prepares patient before physical exam actions <b>and</b> describes exam findings during the exam ("I am going to ____ " then "your lungs sound healthy")	<input type="checkbox"/> 8a. 0-1 exam elements (eg., lungs)	<input type="checkbox"/> 8b. 2 exam elements (eg, heart, lung)	<input type="checkbox"/> 8c. > 2 exam elements (eg, heart, lung, ears)
Notes:			
<b>Sharing Information</b> <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:			
<b>Behavior Change Discussions</b> <input type="checkbox"/> Explores pt knowledge about behaviors <input type="checkbox"/> Explores pros and cons of behavior change <input type="checkbox"/> Scales importance of or confidence in change (1- 10) <input type="checkbox"/> Asks permission to give advice <input type="checkbox"/> Reflects comments about: desire, ability, reason, need, or commitment to change (respects ambivalence) <input type="checkbox"/> Creates a plan aligned with patient's readiness ( see MA/nurse version of PCOF <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:			
<b>Co-creating a plan</b> <input type="checkbox"/> Assesses patient preferred decision making role <input type="checkbox"/> States the clinical issue or decision to be made <input type="checkbox"/> Describes options <input type="checkbox"/> Discusses pros and cons <input type="checkbox"/> Discusses uncertainties with the decision <input type="checkbox"/> Assesses patient understanding <input type="checkbox"/> Asks for patient preferences <input type="checkbox"/> Identifies and resolves decisional differences <input type="checkbox"/> Plan respects patients goals and values	<input type="checkbox"/> 11a. Use 0-2 element	<input type="checkbox"/> 11b. Uses 3-4 elements	<input type="checkbox"/> 11c. Uses ≥ 5 elements
Notes:			
<b>Closure</b> <input type="checkbox"/> Asks for questions about today's topics. <input type="checkbox"/> Co-creates and prints a readable After Visit Summary <input type="checkbox"/> Uses Teachback. = Asking the patient to explain his/her understanding of the plan <input type="checkbox"/> Combines Teachback and AVS creation while sharing the screen or notepad. (Counts for 3 elements)	<input type="checkbox"/> 12a. Uses 0-1 element	<input type="checkbox"/> 12b. Uses 2 elements	<input type="checkbox"/> 12c. Uses 3 elements
Notes:			