

Patient Centered Observation Form(PCOF): Category Explanation, Sample Phrases, Preparing for Observation

Medical assistants, nurses and physicians should be focused on the following skills named on the PCOF:

- Establishing Rapport: Make a connection with everyone in the room using the interpersonal skills noted on the PCOF. Relationship development establishes trust and reduces some anxiety that children and parents often feel coming to the doctor's office. Using the first minute for relationship development makes the rest of the visit more effective and efficient.
 - Helpful phrases:
 - "Hi, nice to see you"
 - "Tell me something fun you have done recently"
- Maintain the relationship throughout the visit. This can be done by making sure patients feel heard, using humor in appropriate ways, and expressing empathy.
 - Helpful phrases
 - "...so the sore throat has lasted 5 days (reflection)"
 - "That sounds painful (empathy)"
- Plan the use of time before using the time(Collaborative Upfront Agenda Setting). Medical assistants or nurses who see patients first should elicit family member reasons (asking "is there something else?") for the visit and when necessary ask patients to name which concerns are most important. Make sure that patients know that their concerns are passed on to the physician. Physicians should acknowledge what they have learned from the nurse/MA and confirm that the list of concerns is correct. This is called upfront agenda setting and helps you organize time and decrease the chance that new problems will surface at the end the visit.
 - Helpful phrases
 - "Before we talk about anything in detail, lets make a list of your concerns so we can figure out how to make the best use of time."
 - "I understand that you are here to talk about headaches. Before we talk about them is there something else important to talk about today? Do you need any refills? Any paperwork filled out?"
- Think out loud (transparent thinking) to maintain efficiency and maximize the patient's experience.

Health care providers make a lot of decisions very fast and sometimes forget to bring their patients along. This confuses patients, limiting the effectiveness and efficiency of the visit. When clinicians share their thinking about visit organization, priorities, and problem solving, patients are more likely to absorb information and less likely to be distracted or bring up new problems in the closing moments.

- Helpful phrases:

- Visit organization: “Lets talk about each of these concerns first and then I will do an exam and then we can come up with a plan that makes the most sense”
 - Problem priorities: “We have a lot to cover today and I am concerned that we do a good job on the most important issues. In addition to talking about your headaches, I would like to spend some time discussing you diabetes”
 - Problem solving: “I am not sure what is causing your knee pain. We need to do a few tests and that will help me determine what the best next step is. Let me think out loud about the different options for next steps”
- Gathering information. Once an agenda is created, the next step is to collect information about the separate issues based on priority. The temptation is to ask “closed ended questions”. These are questions that request a “yes or ‘no” or a single number like age. Patients need to be heard and so it is best to begin the discussion of each topic with an open-ended question. These questions begin with “how” or “ what” or “tell me about”.
 - Helpful phrases
 - “What are your headaches like?”
 - “How has it been for you to deal with having diabetes?”
 - “Tell me about your chest cold”
- Watch for cues. Patients will often make comments or exhibit non-verbal behaviors (e.g. facial expressions) that reveal underlying feelings or beliefs about their health and well-being. It is important to acknowledge and explore cues as they may be related to the main reason for the visit or an important health concern.
 - Helpful phrases
 - “Sounds like you are concerned this might be serious. Tell me more.”
 - “Is there anything else about this concern that you want me to know?”
- Explore patient or family perspectives on health and illness, when indicated Everyone has his or her own beliefs about what causes illness and healing. Explore family beliefs when symptoms don’t change, when a new chronic diagnosis is made, when psychosocial issues are in play, when you feel confused about why the patient is seeking help, and when patients express distrust in the health care system
 - Helpful phrases
 - “Does your family have any experience with diabetes?”
 - “What would your physicians in Russia do for chest colds?”
 - “What does your husband think is going on with your son?”
 - “How is it for you and your wife to coordinate care for your child?”

- Using the electronic record The EHR can enhance or cripple the interaction. Tell the patient what you are doing, when possible, share the screen and maintain regular eye contact.
 - Helpful phrases
 - “Just a moment while I log into the medical record”
 - “I am going to type what you are telling me”
 - “I am going back in the record to the last time we saw you to review those lab results”

- Physical findings Medical assistants, nurses, and physicians should tell patients and parents what they plan to do and then share results of vitals or exam components
 - Helpful phrases
 - “I would like to take your temperature”
 - “The temperature is slightly high, at 100 degrees”
 - “I am going to listen to your heart (and maybe you want to listen to your mom’s heart, too)”
 - “Your heart sounds healthy”

- Sharing information Share the your impressions using language that the patient can understand. If you want to use a medical term, then define it immediately. Address all the issues you agreed to address during agenda setting- psychosocial and biomedical issues
 - Helpful phrases
 - “Asthma means that your wind pipes sometimes get smaller and make it harder to breath. We have some medicine that can help make it easier to breathe”

- Co-creating plans It is always important to assess patient investment in the plan. Does the patient/parent believe it is feasible? Has the patient had an opportunity to express treatment preferences? In treatment plans with multiple options, it is ethical to describe evidence, pros and cons of viable options and of doing nothing.
 - Helpful phrases
 - “We have a couple options for treating
 - “Did you have a preference about how to proceed?”

- Closure This phase of the visit is often given short shrift. Does the patient have questions about issues discussed today? Can the patient recite his/her understanding of the plan? Often, patients do not hear everything we suggest and we may not be about the plan. For complicated plans, print an after visit summary (AVS) and check for parent/child understanding.
 - Helpful phrases
 - “Let me summarize the plan”

- “To make sure that I did not miss anything, can you tell me your understanding of the plan”
- “Here is a copy of the plan. Does this make sense?”

Observing others to develop an “observer self”

We master skills by practicing, reflecting, refining, and practicing some more. Study the PCOF, observe others, share impressions in a non-judgmental way. Be specific about what you see and curious about the rationale of the person you observe. When team members observe one other, they naturally discover ways to improve team communication, patient communication, and efficiency.

“Intra teamlet observation” may be easiest with the first patient of the day. Have the patient come 10 minutes early or block-out the second appointment slot. The physician should sit in the room and observe the medical assistant. When the medical assistant is done, then reverse roles and the medical assistant / nurse should observe the physician. Make notes about what you see and find time on the same day to share observations with one another. Describe behaviors that are well done. Share ideas of ways to improve skills or add skills. Set goals by naming specific behavior changes to improve your interactions.

Observing other teamlets should be arranged by protecting time out of your normal schedule to visit another teamlet. Begin by observing the medical assistant, leave the room when the medical assistant/nurse leaves to observe the interaction with the physician. Then follow the physician into the room.

Consenting patients seen in other teamlets: The person being observed should ask permission from the patient before the observer enters the room. Use language that emphasizes that this exercise is for quality improvement with a focus on the staff, not the patient. For example, “Before we begin today, I want to ask if it would be OK if one or our (medical assistants, nurses, physicians) observe the visit today. We are observing one other throughout our practice to help one another provide excellent care and learn from each other.”

Be kind to yourself: When you practice new skills with patients, be willing to stumble. Trying new skills means that you are using new language and developing new behavioral sequences. Review the phrases listed above and make up your own phrases. Learning occurs over time. Reflecting on our mistakes is a normal and essential part of learning. Let patients know you are trying new skills to improve the way you provide care.