# **Sample Direct Observation Form: IU-Methodist Family Medicine Residency**

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|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| 1. Identifies & addresses psychosocial problems | ID potential psychosocial concerns. | Briefly addresses psychosocial problems. | Appropriately addresses psychosocial problems. | Efficiently & appropriately addresses psychosocial concerns. |
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| 1. Interacts with pts of diverse backgrounds with sensitivity & respect | Shows discomfort or lack of regard for diverse pts. | Mild discomfort with diverse pts. | Respectful & comfortable with multiple pts from diverse backgrounds. | Shows sensitivity & respect for pts from various, diverse backgrounds. |
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| 1. Utilizes language that is understandable by pt/family | Frequent use of jargon; info disorganized. | Some jargon; info partially organized. | Uses easy-to-understand words; info presented in fairly organized manner. | Uses understandable words & presents info that is clear & well organized. |
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| 1. Is attentive to pt | Minimally or somewhat attentive (occasional eye contact; body angled away; DN seem to listen). | Generally attentive (frequent eye contact; faces pt; listens to pt). | Consistently attentive (regular eye contact; faces pt; full attn. when pt speaks). | Highly attentive non-verbally & verbally. |
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| 1. Uses questions appropriately | Uses primarily closed-ended questions. | Uses primarily open-ended questions. | Uses open-ended and follow-up questions appropriately. | Effectively & efficiently uses open-ended and follow-up questions throughout the visit. |
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| 1. Determines plan of care in collaboration with pt (and family, if appropriate) | Makes care decisions without pt’s involvement. | Clarifies pt’s goals; elicits pt’s preferences re. recommended care plan. | Co-creates care plan that addresses pt’s biomedical & psychosocial goals/values. | Co-creates care plan that addresses biomedical & psychosocial elements; asks for pt input following outline of plan &modifies plan to address additional concerns of pt. |
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| 1. Diagnoses & manages chronic conditions | Recognized chronic conditions in interaction with pts. | Basic workup and knows guidelines. | Appropriate workup; screens for comorbidities & complications; applies/adjusts guidelines to address specific pt needs/situations. | Able to manage multiple chronic conditions using a multidisciplinary approach; adjusts guidelines to specific pt situations. |
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| 1. Collaborates with pt to affect behavior change | Recognizes situations for which behavior change can positively affect pt’s health. | Addresses behavior change concerns utilizing up to 2 key MI skills; but doesn’t collaboratively negotiate plan for new behaviors. | Attempts to assess pt’s readiness for change; uses 3 or more MI skills during the encounter; collaboratively creates a plan aligned with pt’s readiness for change. | Effectively assesses pt’s readiness for change, picking up on nonverbal cues. Co-creates a reasonable plan with pt. |
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| Overall Comments: |  |  |  |  |