

Patient Centered Observation Form  
St. Elizabeth Boardman Family Medicine Residency

Date: \_\_\_\_\_ Resident: \_\_\_\_\_

Patient type: (check one)

- ☐ Acute visit
- ☐ Well child exam
- ☐ Well woman exam
- ☐ Chronic medical problem follow-up
- ☐ New Patient Visit
- ☐ Other:

Please check off any of the indicators below that you directly observe during precepting sessions.  
Make comments were appropriate.

INTERPERSONAL COMMUNICATION SKILLS	Yes	Missed Opportunity	Not Applicable	Comments
<b>Establishes rapport</b>				
-introduces self / warm greeting (ICS1:1/1)				
-acknowledges others in the room (ICS1: 1/1)				
-uses appropriate eye contact and body language throughout visit (ICS1:1/2)				
-adjust style and approach to patient based on patient needs (ICS1:2/2)				
<b>Maintains relationship</b>				
-uses verbal or non-verbal empathy during discussions				
-repeats important verbal content				
Demonstrates mindfulness through presence, curiosity, intent focus, not seeming "rushed" or acknowledging distractions				
-manages family/individual conflict (ICS1:1/3)				
-creates non-judgmental safe environment for patient/family to share information (ICS1:2/4)				
-respects patient's autonomy in health care decisions (ICS1:3/3)				
-recognizes and uses verbal/nonverbal communication skills (ICS1:1/1)				
-organizes and clarifies information (ICS1:3/2)				
-educates and counsels patient and families avoiding medical jargon (ICS1:2/2)				
-communicates difficult information effectively (ICS1:3/3)				
<b>Maintains Efficiency using transparent thinking and respectful interruption</b>				
-talks about visit time use/visit organization				
-talks about problem priorities				
-talks about problem solving strategies				
-respectful interruption/redirection using EEE: Excuse yourself, Empathize/validate issues being interrupted, Explain the reason for interruption				
<b>Collaborative Agenda Setting</b>				
-negotiates visits agenda and guides the visit (ICS1:3/2)				
-additional elicitation – "something else?"				
-acknowledges agenda items from another team member or from EMR				
-asks or confirms what is most important to patient				

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<b>Gathering Information</b>				
-uses open-ended questions				
-uses reflecting statements				
Uses summary/clarifying statements				
<b>Assessing Patient or Family Perspective on Health</b>				
-identifies impact of chronic conditions on the individual patients and family (PC2:3/2)				
-acknowledges patient verbal or non-verbal cues				
-explores patient beliefs or feelings				
-explores contextual influences: family, cultural, spiritual				
<b>Electronic Medical Record Use</b>				
-use of technology enhances patient care without interfering with appropriate interaction with patient. (ICS1:2/1)				
-regularly describes use of EMR to patient				
-maintains eye contact with patient during majority of time while using EMR				
-positions monitor to be viewed by patient				
-points to screen				
<b>Physical Exam</b>				
-prepares patient before physical exam actions and describes exam findings during the exam				
<b>Sharing Information</b>				
-explains diagnoses (or lack thereof) and next steps (ICS1:3/3)				
-appropriately discusses risks, benefits and alternatives for surgical and procedural interventions (PC5:2/2)				
-avoids or explains medical jargon				
-summaries cover biomedical concerns				
-summaries cover psychosocial concerns				
-invites Q&A				
<b>Behavior Change Discussions</b>				
-explores patient knowledge about behaviors				
-explores pros and cons of behaviors change				
-scales importance of or confidence in change (1-10)				
-asks permission to give advice				
-reflects comments about: desire, ability, reason, need, or commitment to change (respects ambivalence)				
-creates a plan aligned with patient's readiness				
-affirms behavior change effort or success				
<b>Co-creating a Plan</b>				
-develops collaborative goals of care and engages patient in self-management (PC2:3/3)				
-identifies interplay between psychosocial factors and acute illness and incorporates this into the management plan (PC1:3/3)				
-explains prevention and uses shared decision making and partnering to overcome barriers (PC3:1/3)				
-assesses patient preferred decision-making role				

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-states the clinical issues or decision to be made				
-describes options				
-discusses pros and cons				
-discusses uncertainties with the decision				
-assesses patient understanding				
-asks for patient preferences				
-identifies and resolves decisional differences				
-plan respects patient's goals and values				
<b>Closure</b>				
-asks for questions about today's topics				
-co-creates and prints a readable After Visit Summary				
-uses Teachback				

**Feedback:**