**Observed Visit Feedback Form**

**Resident:**

**Evaluator:**

**Date:**

**Instructions:** Please observe **entire** encounter and then circle, highlight, or **bold** any behaviors witnessed during encounter. You may ~~strikethrough~~ behaviors that could have been done but weren’t. Once completed, please review feedback immediately with resident, copy form for resident, and email or send to -----------.

**Medical Interview**

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| --- | --- | --- | --- |
| **Preparation and Greeting** | * No initial personal greeting
* Poor eye contact or body language
* Ignores others in the room
 | * Uses patient’s name
* Satisfactory eye contact & body language
 | * Creates a warm environment
* Appropriate eye contact and body language (IC1L1)
* Rapport building throughout visit (IC1L1,2,3,4)
 |
| **Establishing Focus** | * Repeatedly interrupts patient
* Remains standing
* Provider solely chooses problem to address
* No agenda setting
* Tries to address too many problems
 | * Early unnecessary interruptions
* Simple prioritizing or agenda set based on providers needs
* Does not specify problems for future visits
 | * Allows pt to express initial concerns w/o interruptions (IC1L2)
* Elicits complete problem lists
* Set agenda and prioritizes all parts of the encounter (IC1L2)
 |
| **Gathering Information** | * Uses only closed-ended questions
* Incomplete symptom history
* No reflecting, clarifying, or summarizing
 | * Uses some open ended questions
* Some use of reflection, summary, and clarification
 | * Skilled at using open/closed ended questions
* Explores root cause of symptoms
* Ability to redirect when needed
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| **Comments:**  |

**Physical Exam**

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| **Physical Exam Skills** | * Inefficient or illogical sequence
* Missing steps to exam
* Performed incorrectly
 | * Appropriate but inefficient sequence
* Repeats part of exam for completion or additional information
 | * Efficient, logical sequence (PC1L1)
* Provides patient feedback on exam (ICL1,2)
 |
| **Comments:**  |

**Assessment & Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | * Inadequate or absent differential diagnosis
* Inappropriate prioritization of differential
 | * Limited but accurate differential offered (PC1&2L1&2; MK2L2&3)
* Some prioritization requiring refinement
* Considers preventative elements of care (PC3L1,2,3,4)
 | * Complete and accurate differential offered (PC1&2L1&2; MK2L2&3)
* Appropriately prioritizes differential
* Accurately diagnoses, assesses, or stages condition (PC1L1&2; PC4L2;MK2L2&3)
* Incorporates prevention into visit (PC3L1,2,3,4)
 |
| **Plan** | * “Shotgun” approach to diagnostic tests with no reasoning or logic
* Selects inappropriate txs or management ideas
* Uninformed about risk/benefits
 | * Able to order and start simple tests/treatments (PC3L3; PC4L3; MK2L1,4)
* Needs assistance in nuances/detailed plans
* Understands basic risks/benefits
* Develops simple management plan (PC1L2;PC2L1)
* Labels existence of clinical guidelines or protocols but does not use
 | * Able to selectively order/perform appropriate diagnostic studies (PC3L3; PC4L3; MK2L1,4)
* Considers all risks/benefits prior to initiating treatment plan/testing (PC5L3;SBP1L2;SBP3L2)
* Makes appropriate use of clinical guidelines or protocols (PC1L1;PC2L2;PC3L1,2,4)
 |
| **Comments:**  |

**Counseling Skills/Shared Decision Making**

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| **Sharing Information** | * Information presented in authoritative manner Medical jargon used
* No questions elicited
 | * Information merely presented
* Unclear medical language clarified
* Questions elicited
 | * Information shared with medical language at patient’s level (IC1L2)
* Questions encouraged (PBLI1L2; IC1L2)
* Discusses risk/benefits with patient (SBP3L3; IC1L1-5)
* Confirms comprehension of patient and family (PC4L3; IC1L2,3,4,5)
 |
| **Reaching Agreement** | * Resident states plan
* Fails to include all present
* No flexibility or negotiation
* No check on family/pt acceptance
 | * >1 tx plan offered, some negotiation in tx plan
* Family concerns addressed if brought up
 | * >1 tx plan offered and pros/cons discussed (SBP3L3; IC1L2,3,4,5)
* Elicits pt’s/family’s reaction (IC1L3,4)
* Confirms feasibility and “buy-in” of plan (PC1L4; PBLI1L2,3; IC1L2,3,4,5)
* Engages patient in self-management (PC2L3,4)
 |
| **Providing Closure** | * Plan not summarized
* Not questioned about other concerns
* F/u absent/vague
 | * Plan and f/u summarized
* Pt asked for questions, but comprehension not confirmed
 | * Comprehension of plan checked (PC4L3; IC1L2)
* F/u plans clear and specific
* Expected course/outcome clear
 |
| **Comments:** |

**Relationship Skills**

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| --- | --- | --- | --- |
| **Understanding Patient & Family perspective** | * No inquiry into patient’s beliefs
* Ignores clues of stress
* Does not address family’s concerns
 | * Explores 1-2 pt’s beliefs
* Acknowledges pt stress when brought up
* Family input considered if shared
 | * Explores all pertinent patient and family beliefs (PC1L3; IC1L1-5)
* Invites family input if not given
 |
| **Humanistic Qualities & professionalism** | * Lack of respect, compassion, empathy
* Lack of attention to patient’s comfort, modesty, confidentiality
 | * Occasional lapses in ability to show empathy/compassion
* Lapses in ability to pay attention to comfort and modesty
 | * Shows respect, compassion, and empathy through entire encounter (IC1L1,2,3,4)
* Establishes trust
* Attends to patient’s needs of comfort, modesty, confidentiality (PC1L3)
 |
| **Comments:**  |

**Organization & Efficiency**

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| **Organization & Efficiency** | * Confused visit structure
* Easily distracted or drawn off topic
* Inefficient in all parts of encounter
* Does not use team members to help with efficiency
 | * Able to focus on timeliness by redirecting patient when needed
* Organized visit structure
* Used team members to help improve efficiency
 | * Pays attention to time
* Efficient in all steps of encounter
* Uses team members and EMR to improve efficiency (SBP2L1,2,3; IC2L1,2,4,5; IC3)
 |
| **Comments:** |

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| **Goals**: |