Patient Centered Observation Form - Clinician version

Trainee name Observe Directions; Track behaviors in the left-side column. Mark columns. Only rate what you see; avoid giving benefit of the dou discussion and learning. This form is designed to help structure to relationship between patient complexity and demonstration of contracterize competency; as the number of observa	one box per row. Compete bt. Use notes to record ques feedback, build vocabulary, competence until sufficient tr	stions, patient cues, and and enhance self-aware aining is acquired. No	I reflections for subsequen eness There is an inverse single observation should
Skill Set and Elements Check only what you see or hear. Avoid giving the benefit of the doubt.	Provider Centered Biomedical Focus		Patient Centered Biopsychosocial Focus
Establishes Rapport Introduces self (before gazing at computer) Warm greeting (before gazing at computer) Acknowledges all in the room by name Uses eye contact Humor or non-medical interaction	1a. Uses 0-2 elements	1b. Uses 3 elements	☐ 1c. Uses ≥ 4 elements
	Notes: FM ACGME Milestones 2.0 ICS 1.1 - 1.4		
Maintains Relationship Throughout the Visit ☐ Uses verbal or non-verbal empathy during discussions or during the exam ☐ Uses continuer phrases ("um hmm") ☐ Repeats (reflects) important verbal content ☐ Demonstrates presence, curiosity, intent focus, not seeming "rushed" and acknowledges distractions	2a. Uses 0-1 elements	2b. Uses 2 elements	☐ 2c. Uses ≥ 3 elements
Notes: ICS 1.1-4; PROF 1.2-4			
Collaborative Agenda Setting ☐ Acknowledges agenda items from other team member (e.g., MA) or from EMR. ☐ Additional elicitation- "something else?" * X Each elicitation counts as a new element ☐ Asks or confirms what is most important to patient.	☐ 3a. Uses 0-1 elements	3b. Uses 2 elements	☐ 3c. Uses ≥ 3 elements
Note patient concerns here: ICS 1.2; PC 2.4			
Maintains Efficiency Using Transparent (out loud) Thinking and Respectful Interruption: Talks about visit time use / visit organization Negotiates priorities (includes provider agenda items) Talks about problem solving strategies Respectful interruption/redirection using EEE: Excuse yourself, Empathize/validate issue being interrupted, Explain the reason for interruption (e.g., Topic Tracking)	☐ 4a. Uses 0 elements	☐ 4b. Uses 1 element	☐ 4c. Uses ≥ 2 elements
Notes: ICS 1.2-4; Prof 2.1-3; PC 2.4			
Gathering Information ☐ Uses open-ended question X ☐ Uses reflecting statement X ☐ Uses summary/clarifying statement X Count each time the skill is used as one element	5a. Uses 0-2 elements	5b. Uses 3 elements	☐ 5c. Uses ≥ 4 elements
Notes: ICS 1.2; MK 2.1			
Exploring Patient or Family Perspective on Health Acknowledges patient verbal or non-verbal cues. Explores patient beliefs (explanatory model) or feelings Explores contextual influences: family, cultural, spiritual. Number of patient verbal / non-verbal cues Notes: ICS 1.2-4; PC 1.2-4; PC 2.2, 2.4; PBLI 1.	☐ 6a. Uses 0 elements	. Gb. Uses 1 element	☐ 6c. Uses ≥ 2 elements
10000.100 1.2-7, 1 0 1.2-7, 1 0 2.2, 2.4, FBLI 1.			

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Trainee name	Observer		Obsrvn#	Date	
Skill Set and Elements Check only what you see or hear. Avoid giving the benefit of the doubt.		Provider Centered Biomedical Focus		Patient Centered Biopsychosocial Focus	
Electronic Medical Record Use ☐ By 10 seconds, describes reason for e ☐ Shares/points at screen during at least (agenda setting, history, Rx / Lab revie	2 visit phases	☐ 7a. Uses 0 or 1 elements.	Tb. Uses 2 elements	☐ 7c. Uses ≥ 3 elements	
Maintains eye contact / shares screen ≥ ² / ₃ of the visit Asks patient to confirm or contribute to documentation		Notes: ICS 3.1-3.4 PROF 2.3-4; SBP 3.2			
Physical Exam ☐ Prepares patient before physical exam describes exam findings ("I am going t "your lungs sound healthy")		8a. 0-1 exam elements (e.g., lungs)	8b. 2 exam elements (e.g., heart, lung)	8c. ≥ 3 exam elements (heart, lungs, ears)	
Notes: ICS 1.1-3					
Sharing Information / Patient Ed Tailors to patient health literacy needs Summaries cover biomedical concerns Summaries cover psychosocial concern Invites Q/A	; avoids jargon s	□ 9a. Uses 0-1 elements	9b. Uses 2 elements	☐ 9c. Uses ≥ 3 elements	
Notes: ICS 1.3; PC 2.3 PC 4.3 MK1.1-4					
Behavior Change / Self-Manager Clinician Asks: If patient wants to set a behavior changer Patient to brainstorm activities to reach Patient to pick specific activity Patient to name activity frequency and How will patient track effort and progrec Clinician offers: Guidance about personal, environment behavior change strategies Affirmations of past or current efforts	ge goal n goal time of day ess? tal or relational	10a. Uses 0-2 elements or lectures patient	10b. Uses 3 elements	☐ 10c. Uses ≥ 4 elements	
Notes: ICS 1.4 PC 2.3-4; PC3.1-4; MK1.2	-4;				
Co-Creating a Plan / Shared Dec	oncerns s of options rences, if any olan (1- 10)	□ 11a. Use 0-2 element	□ 11b. Uses 3-4 elements	☐ 11c. Uses ≥ 5 elements	
Notes: ICS 1.3-5; PC1.2-4; PC2.2-4; PC3.2-; SBP 3.3; PBLI 1.3-4; MK 1.4					
Closure Asks for questions about today's topics Co-creates an After Visit Summary Uses Teachback. = Asks the patient to understanding of the plan Combines Teachback and AVS creation the screen or notepad. (Counts for 3 e	explain his/her	□ 12a. Uses 0-1 element	□ 12b. Uses 2 elements	☐ 12c. Uses ≥ 3elements	
Notes: ICS 1.1-2; ICS 3.1, 3.3-4; SBP 3.2					