

INSTITUTE FOR CLINICAL COMPETENCE

Professionalism Assessment Rating Scale (PARS)

RATING INTERPERSONAL COMMUNICATION WITH PARS

Standardized Patients:

One of your tasks is will evaluating learners' *interpersonal communication* using the *Professionalism Assessment Rating Scale (PARS)*, which provides a measure of *clinical communication professionalism*.

This scale evaluates two types of interpersonal communication, both important to quality health care:

- *Patient Relationship Quality* – Rapport, empathy, confidence and non-verbal communication.
- *Patient Examination Quality* – Questioning, listening, informing / educating / counseling, and careful and thorough physical examination.

Arguably patients (real or simulated) are in the best position to assess interpersonal communication because *you* (SPs) are directly relating to *them* (learners) during an intimate, face-to-face, hands-on encounter. You will be in the best position, literally, to observe, for example, learner eye contact, demeanor and non-verbal communication because they are in the room with you.

A couple words about the ratings you will give. First, your ratings are not an absolute assessment of learner communication skills, but rather are a snapshot in time. Second, your communication ratings are not purely subjective but are based on observations. The PARS Guide (pages 4-14) defines the eight PARS factors.

The holistic 1 - 9 scale is broken down into three parts:

- Ratings of 1 - 3 are considered “*lower quality*” communication, i.e. what might be considered acceptable at a novice or trainee level, but less acceptable for an experienced professional.
- Ratings of 7 – 9 are considered “*higher quality*” communication, i.e. more professional-quality communication regardless of the training or experience level.
- Ratings of 4-6 are considered “*mid-level,*” exhibiting both lower quality and high quality performance.

Professionalism Assessment Rating Scale (PARS)

Student / Resident Name _____

SPID _____

FACTORS		RELATIONSHIP QUALITY									
		To what level did the student / resident ...	Lower Quality			Mid-Level			Higher Quality		
	1	Establish and maintain rapport	1	2	3	4	5	6	7	8	9
	2	Demonstrate empathy	1	2	3	4	5	6	7	8	9
	3	Instill confidence	1	2	3	4	5	6	7	8	9
FACTORS	4	Use appropriate non-verbal communication	1	2	3	4	5	6	7	8	9
		EXAMINATION QUALITY									
		To what level did the student / resident ...	Lower Quality			Mid-Level			Higher Quality		
	5	Elicit information clearly, effectively	1	2	3	4	5	6	7	8	9
	6	Actively listen	1	2	3	4	5	6	7	8	9
FACTORS	7	Inform / educate / counsel	1	2	3	4	5	6	7	8	9
	8	Provide a careful, thorough physical examination / treatment	1	2	3	4	5	6	7	8	9

**Novice,
Unprofessional**

**Mixed
Quality**

**Professional
Quality**

RATING WITH PARS

Steps

1st – SP observes communication behaviors (see Guide, pages 4-15)

2st – SP decides quality level

e.g. Was the rapport....
...*lower quality*"
...*mid-level* (lower and higher mix)
...*higher quality*

Lower Quality			Mid-level			Higher Quality		
1	2	3	4	5	6	7	8	9

3nd – SP rates, i.e. picks a number within “*lower*,” “*mid*,” or “*higher*” quality

Rare Ratings

Rating 1 – “Reportable behavior” – consistent lowest quality OBSERVABLE (e.g. on video) behavior

Rating 9 – “Rewardable behavior” – consistent highest quality OBSERVABLE (e.g. on video) behavior, operating at a “*master level*”

PARS Guide

1 Establish and maintain rapport								
Establish <u>and</u> maintain a positive, respectful collaborative working relationship with the patient.								
Lower Quality			Mid-level			Higher Quality		
1	2	3	4	5	6	7	8	9
Overly familiar. ▪ <i>"Hi Bill, I'm John. How are you doing today."</i>						Appropriate address, e.g. • <i>"Hi Mr. Jones, I'm Student-doctor Smith. Is it OK if I call you Bill?"</i>		
No orientation statements, e.g. ▪ No agenda set ▪ No / inadequate transition from one stage of exam to the next ▪ No / inadequate closure No / little collaboration with the patient, e.g. doesn't ask for patient input						Set agenda, e.g. ▪ <i>"We have ____ minutes for this exam. I'll take a history, examine you.....etc."</i> ▪ <i>"Let's do a physical exam, OK?"</i> ▪ <i>"Here are the next steps."</i> Collaboration • <i>"We're going to work out this problem together."</i> • <i>"What do you think?"</i>		
Began examining patient without "warming" patient up, asking consent, etc.						Obtained consent for obtaining a physical examination, e.g. ▪ <i>"I'd like to do a physical exam, OK?"</i>		
Did not protect patient's modesty, e.g. ▪ Did not use a drape sheet ▪ Direct patient to get dressed after exam or left door open when examining me.						Respected patient's modesty at all times e.g. ▪ Uses a drape sheet when appropriate ▪ Letting patient cover up follow an examination.		
Talked "down" to patient, did not seem to respect patient's intelligence.						Seemed to assume patient is intelligent.		
Rude, "crabby" or overtly disrespectful.						Never rude, "crabby;" always respectful.		
Dress, hygiene problems, e.g. ▪ Wore distracting perfume/cologne. ▪ Poor hygiene, e.g. uncleanly, dirty nails, body odor, did not wash hands, etc. ▪ Touches hair continually ▪ Unprofessional dress, e.g. wears jeans, facial jewelry (tongue or nose studs						Dressed professionally, i.e. in a clean white coat, clean clothes, etc.		
Seemed angry with the patient.						Seemed to like the patient.		

2 Demonstrate empathy

Demonstrates (verbally and / or non-verbally) the ability to recognize, anticipate and express compassion and concern for the patient; attempts to understand, through appropriate dialogue, the patient's medical condition and life situation.

Lower Quality 1 2 3	Mid-level 4 5 6	Higher Quality 7 8 9
No expressions of concern about patient's condition or situation.		Expressed concern about patient's condition or situation, e.g. <ul style="list-style-type: none"> ▪ <i>"That must be painful."</i> ▪ <i>"I'm here to try to help you."</i>
Focused on symptoms, but not the patient, i.e. does not relate the symptoms to the patient's life.		Tried to understand how the symptoms affect the patient's life, or vice versa. <ul style="list-style-type: none"> ▪ <i>"How is this affecting your life?"</i> ▪ <i>"Tell me about yourself."</i> ▪ <i>"Describe a typical day in your life."</i> ▪ <i>"Tell me about your stress."</i>
Seemed unconcerned about the effect of the exam on the patient.		Demonstrated an understanding or anticipates that the exam might be uncomfortable, painful or embarrassing, e.g. <ul style="list-style-type: none"> ▪ <i>"This exam may be a bit uncomfortable."</i> ▪ <i>"Let me know if this hurts."</i>
Detached, aloof, overly "business-like," robotic in demeanor."		Warm and caring.
Empathic expression seemed insincere, superficial.		Empathic expressions seemed genuine.
Accused patient of being a non-compliant, e.g. <ul style="list-style-type: none"> ▪ <i>"Why don't you take better care of yourself?"</i> ▪ <i>"You should have come in sooner."</i> 		Positive reinforcement of things patient is doing well, e.g. <ul style="list-style-type: none"> ▪ <i>"That's great that you stopped smoking."</i> ▪ <i>"I'm glad you are taking your medication on a regular basis."</i>

3. Instill Confidence

The medical student / doctor instills confidence in the patient, verbally and non-verbally, in his / her ability to relate, to examine (e.g. medical student) and / or treat the patient (i.e. doctor).

<p>Lower Quality</p> <p>1 2 3</p> <p>UNDERMINED CONFIDENCE</p>	<p>Mid-level</p> <p>4 5 6</p>	<p>Higher Quality</p> <p>7 8 9</p> <p>INSTILLED CONFIDENCE</p>
<p>Conveyed his / her anxiety, e.g.</p> <ul style="list-style-type: none"> ▪ <i>By avoiding eye contact</i> ▪ <i>Laughing or smiling nervously</i> ▪ <i>Sweaty hand shake</i> <p>Made statement such as:</p> <ul style="list-style-type: none"> ▪ <i>"This is making me nervous."</i> ▪ <i>"This is the first time I've ever done this."</i> ▪ <i>"I don't know what I'm doing."</i> <p>Apologized inappropriately to the patient, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"I'm sorry, but I have to examine you."</i> <p>Overly shy, reserved</p>		<p>Conveyed an appropriately confident demeanor, e.g.</p> <ul style="list-style-type: none"> ▪ Made eye contact ▪ Shook hands firmly, etc. <p>Able to deal with "problem patients" with tact and confidence.</p>
<p>When making suggestions, used tentative language, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"Maybe you should try..."</i> ▪ <i>"I'm not sure but ..."</i> 		<p>When making suggestions, used authoritative (vs. authoritarian) language, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"What I suggest you do is..."</i>
<p>Made excuses for his/her lack of skill or preparation by making statements such as:</p> <ul style="list-style-type: none"> ▪ <i>"I'm just a medical student."</i> ▪ <i>"They didn't explain this to me."</i> ▪ <i>"Do you know what I'm supposed to do next?"</i> 		<p>Offered to help the patient or get information if he / she could not provide it by saying, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"Let me ask the attending physician"</i> ▪ <i>"I don't know but let me find out for you."</i>
<p>Overly confident, cocky.</p>		<p>Comfortable with his / her level of expertise</p>

4 Use appropriate non-verbal communication

Use of appropriate gestures, signs and body cues to compensate for, or enhance, verbal communication

Lower Quality 1 2 3	Mid-level 4 5 6	Higher Quality 7 8 9
Overly casual posture, e.g.. leaning against the wall or putting feet up on a stool when interviewing the patient.		Professional posture, i.e. carried himself / herself like an experienced, competent physician.
Awkward posture, e.g. <ul style="list-style-type: none">▪ Stood stiffly when taking a history▪ Stood as if he / she was unsure what to do with his / her body.		Natural, poised posture.
Used inappropriate eye contact, e.g. stared at the patient too long and / or never looked at the patient.		Used appropriate eye contact.
Avoided eye contact when listening.		Made eye contact when listening.
Stood or sat too close or too distant from the patient.		Maintained an appropriate “personal closeness” and “personal distance.”
Turned away from the patient when listening.		Maintained appropriate body language when listening to the patient.

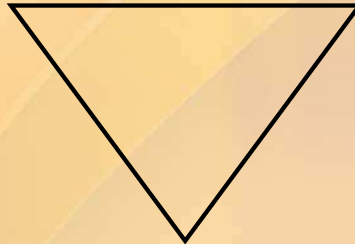
5 Elicit information clearly, effectively

Effectively asks questions in an articulate, understandable, straightforward manner.

<p style="text-align: center;">Lower Quality</p> <p style="text-align: center;">1 2 3</p>	<p style="text-align: center;">Mid-level</p> <p style="text-align: center;">4 5 6</p>	<p style="text-align: center;">Higher Quality</p> <p style="text-align: center;">7 8 9</p>
<p>Used open-ended question <u>exclusively</u></p> <p>OR</p> <p>Used closed-ended, yes / no questions <u>exclusively</u></p>		<p>Used open-ended questions to begin an inquiry, and closed-ended questions to clarify, e.g.</p> <p><u>Open</u></p> <ul style="list-style-type: none"> ▪ <i>"Tell me about the problem."</i> ▪ <i>"How is your health in general?"</i> <p><u>Closed</u></p> <p><i>"Where does it hurt?"</i></p> <p><i>"Have you ever had asthma?"</i></p>
<p>Used open-ended questions / non-clarifying questions <u>exclusively</u>.</p>		<p>Used open-ended questions to begin an inquiry, and closed-ended questions to clarify.</p>
<p>Student's questions were inarticulate, e.g. mumbled, spoke too fast, stuttered, had a heavy accent, etc.</p> <p>* NOTE: Consider stuttering a form of inarticulation for rating purposes, i.e. do not make allowances for stuttering</p>		<p>Student was articulate, asked questions in an articulate manner.</p>
<p>Asked confusing, multi-part or overly complex questions, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"Tell me about your past medical conditions, surgeries and allergies."</i> 		<p>Asked single questions clearly, in a straightforward manner.</p> <ul style="list-style-type: none"> ▪ <i>"Tell me about your allergies."</i>
<p>Asked leading questions, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"No cancer in your family, right?"</i> ▪ <i>"No surgeries?"</i> ▪ <i>"You only have sex with your wife, right?"</i> 		<p>Asked direct questions, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"Do you have any cancer in your family?"</i> ▪ <i>"Any surgeries?"</i> ▪ <i>"Are you monogamous?"</i>
<p>Jumped from topic to topic in a "manic," disjointed or disorganized way.</p>		<p>Stayed focused, asked follow up questions before moving to another topic.</p>
<p>Asked questions in a robotic way, i.e. as if reading from a prepared checklist.</p>		<p>Asked questions in a conversational way, i.e. listened to the response, asked another question.</p>

Open-ended and Closed-ended Questions *

***Open-ended
(elaborate)***



***Closed-ended
(clarify)***

* PARS #5 - Elicit information clearly, effectively

Open-ended questions

Chief complaint, e.g.

“Why don’t you tell me (e.g.) about that back pain.”

“Describe your headaches.”

Past medical history, e.g.

“In general, how has your health been?”

Psychosocial / activities of daily living, e.g.

“Tell me about yourself.”

“Describe a typical day for you.”

Closed-ended questions *

Chief complaint, e.g.

“When did the back pain start?” ‡

“Where does it hurt?” ‡‡

‡ The “O” (Onset) in “OPQST”

‡‡ The “R” (Region) in “OPQST”

Past medical history, e.g.

“Are you on any medication for anything?”

“Have you had any surgeries?”

*PARS #5 - Elicit information clearly, effectively

Closed-ended questions *

Clarify information with closed-ended questions to get...

- ✓ Yes / no answers
- ✓ Specific information
- ✓ Clarification

*PARS #5 - Elicit information clearly, effectively

6 Actively listen

Both listens and responds appropriately to the patients' statements and questions; understanding, interpreting and evaluating what is heard.

Lower Quality 1 2 3	Mid-level 4 5 6	Higher Quality 7 8 9
		<p>Used <i>active listening</i> techniques:</p> <ul style="list-style-type: none"> ▪ <i>Repeats</i> what the patient says ▪ <i>Paraphrases</i> what the patient is saying by using similar words and phrases ▪ <i>Reflects</i> the patient's statements by using his / her exact words
Avoided eye contact when listening.		Made eye contact when listening.
Often interrupted the patient.		Let patient finish sentences, thoughts.
Wrote notes without looking up.		<p>When writing indicated he / she is listening, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"I have to write down a few things down when we talk, OK?"</i>
Asked questions without listening to the patient's response.		Asked questions and listened to patient's response.
Did not seem to be listening, seemed distracted.		Attentive to the patient.
Turned away from the patient when listening.		Maintained appropriate body language when listening to the patient.
Kept asking the same question(s) because the student / resident didn't seem to remember what he / she asked.		<p>If necessary, asked the same questions to obtain clarification, e.g.</p> <ul style="list-style-type: none"> ▪ <i>"Can you tell me again how much you smoke?"</i> ▪ <i>"I know you told me this, but when was the last time you saw your doctor?"</i>

7 Inform / educate / counsel

Explains, summarizes information (e.g. results of physical exams, provides patient education activities, etc.), or provides counseling in a clear and timely manner

Lower Quality 1 2 3	Mid-level 4 5 6	Higher Quality 7 8 9
Did not explain examination procedures, e.g. just started examining the patient without explaining what he / she was doing.		Explained procedures, e.g. <ul style="list-style-type: none"> ▪ <i>"I'm going to check your legs for edema."</i> ▪ <i>"I'm going to listen to your heart."</i>
Did not provide feedback at all, or provided minimal feedback		Periodically provided feedback regarding what he / she heard the patient saying. <ul style="list-style-type: none"> ▪ <i>"So you've had this back pain for 3 weeks and it's keeping you, and your wife, up at nights."</i>
Did not summarize information at all.		Periodically summarized information. <ul style="list-style-type: none"> ▪ <i>"You had this cough for 3 weeks, it's getting worse and now you've got a fever. No one is sick at home and you haven't been around anyone who is sick."</i>
Provided empty feedback, e.g. <ul style="list-style-type: none"> ▪ <i>"OK.....OK.....OK.....OK..."</i> ▪ <i>"Gotcha..gotcha...gotcha,.."</i> ▪ <i>"Great "</i> 		Feedback was meaningful, useful and timely.
Examined the patient without providing feedback about the results of the exam.		Provided feedback about results of the physical exam. <ul style="list-style-type: none"> ▪ <i>"Your blood pressure seems fine."</i>
Refused to give the patient information he / she requested, e.g. "You don't need to know that." "That's not important."		Give information to the patient when requested, or offered to get it if he / she couldn't answer the patient's questions.
Used medical jargon without explanation, e.g. <ul style="list-style-type: none"> ▪ <i>"What you experienced was a myocardial infarction."</i> 		Explained medical terms. <ul style="list-style-type: none"> ▪ <i>"What you experienced is a myocardial infarction, meaning a heart attack."</i>
Ended the exam abruptly. No closure, no information about the next steps		Let the patient know what the next step was, provided closure. <ul style="list-style-type: none"> ▪ <i>"Let's review the exam and your health..."</i>

8 Conduct a thorough, careful physical exam / treatment

Conducts physical exams and / or treatment in a thorough, careful manner vs. a tentative or superficial manner

Lower Quality 1 2 3	Mid-level 4 5 6	Higher Quality 7 8 9
Did not carefully inspect the patient, particularly at the site of the chief complaint		Carefully inspected the patient, particularly at the site of the chief complaint, e.g. by lowering the gown as necessary
Conducted a superficial examination, e.g. <ul style="list-style-type: none"> ▪ Avoided touching the patient ▪ Touched patient with great tentativeness 		Conducted a careful examination, e.g. <ul style="list-style-type: none"> ▪ Examined on skin when appropriate
Hurried through the exam.		Used full amount of time to conduct a more thorough exam.
Avoided inspecting (looking at) the affected area.		Thoroughly inspected (looked at) the affected area e.g. with gown open.
Performed appropriate exams over the exam gown.		Performed appropriate exams on skin vs. through the exam gown.
Exam not bi-lateral (when appropriate).		Bi-lateral exam (when appropriate).
Rough exam, e.g. <ul style="list-style-type: none"> ▪ Started, stopped, re-started the exam. ▪ Fumbled with instruments 		Conducted a smooth exam.
Did not look to see what patient's expressions were during an examination, e.g. to see how patient was reacting to pain.		Looked for facial expressions, e.g. to see if the patient was in pain.
Did not examine thoroughly the site of the chief complaint, e.g. <ul style="list-style-type: none"> ▪ Did not examine heart and / or lungs if chief complaint was a breathing problem 		Examined thoroughly the site of the chief complaint.

Careful, thorough physical exam



Inspection

Careful, thorough physical exam



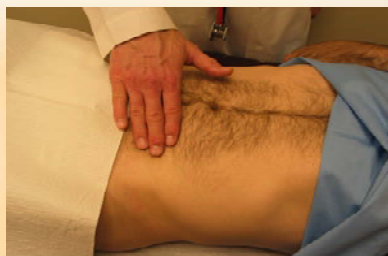
Auscultate *on skin*

Careful, thorough physical exam



Percuss on skin

Careful, thorough physical exam



Palpate on skin