

Emory Family Practice Residency Program

Checklist of Resident's Skills in Videotaped Patient Education

Resident _____
Date of Patient Encounters _____

Date _____
Reviewers _____

CONCERNS NOTED

PROGRESSING

APPROPRIATE FOR LEVEL OF TRAINING

COMPETENT

Data Gathering (ACGME Patient Care-b; Com Skills-b; Med Knowledge-a, b)

Does not ascertain reason for today's visit at all.
Obtains inadequate HPI, omitting:

- major symptom parameters
- major ROS questions
- key PMHx,
- key FHx,
- relevant Psychosocial Hx

Does not address current medications.

Does not ascertain reason for today's visit at the beginning.
Obtains unclear HPI, omitting more than 2 relevant symptoms parameters, unclear or vague details or descriptions of ROS, PMH, Surg Hx, FHx, Psychosocial Hx.
Relies on chart or nurse's note for current medications

Obtains fairly complete understanding of HPI including:

- most relevant symptom parameters
- most of pertinent ROS
- some of relevant PMHx
- some of relevant SurgHx
- some of relevant Fhx
- some relevant Psychsoc Hx

Makes general inquiry about current medications

Ascertains reason for today's visit.
Gathers accurate and complete HPI, including all relevant symptom parameters, pertinent ROS, relevant PMHx, relevant Surg Hx, relevant FHx, relevant Psychosocial Hx.
Specifically ascertains current medications and adherence.

Interviewing Technique and Building Rapport (ACGME Patient Care-b; Com Skills-a, b)

Asks "yes" or "no" questions.
Puts words in patient's mouth.
Uses negatively-worded questions (You don't smoke, do you?)
Does not appear to listen to patient.
Appears disrespectful to patient or family.
Appears callous or cavalier.
Displays bias or appears judgmental or insensitive to life style, culture, race, gender, age, sexuality, and disability issues.
Body language conveys indifference or impatience.
Avoids eye contact

Interrupts patient often.
Does not respond to patient's cues.
Spends much time looking at medical record instead of patient.
Frequently asks leading questions.
Makes insufficient eye contact.
Body language does not convey high interest in patient.
Active listening techniques are inadequate to show interest in patient.
Active listening techniques are inadequate to show interest in patient.
Demonstrates slight lack of sensitivity or respect.
Interaction lacks warmth.

Generally uses pretty sound techniques.
Could use open-ended questions more.
Uses laundry list of questions too soon.
Rapport is adequate, but could be enhanced by:

- increased warmth
- increased eye contact
- more active listening
- body language
- increased responsiveness to patient's cues

Fairly sensitive to life style, culture, race, gender, age, sexuality, and disability issues.

Begins with open-ended questions.
Listens to patient for at least 20 seconds before interrupting.
Progresses from general to specific questions.
Demonstrates respect, compassion and interest in patient through use of:

- verbal reinforcers
- body language
- responsive to patient's cues
- warmth, friendliness
- good eye contact

Demonstrates sensitivity to life style, culture, race, gender, age, sexuality, and disability issues.
Appears nonjudgmental.

Psychosocial and Family Issues (ACGME Patient Care-b; Com Skills-b; Medical Knowledge-a, b)

Does not respond to obvious indications of stress, depression and/or anxiety.
Does not ascertain who lives in household when obviously pertinent.
Neglects to inquire about family function when relevant.

Misses subtle clues re: stress, depression and/or anxiety.
Missed opportunity to address relevant preventive health care issues.
Neglected to inquire about household composition and family function when possibly relevant.

Addresses the following issues, but could be done more effectively:

- stress, depression and/or anxiety
- relevant preventive health care issues
- who lives in household
- family function

Appropriately screens for stress, depression and/or anxiety.
Addresses relevant preventive health care issues.
Appropriately ascertains who lives in household.
Inquires about family function when relevant.

Assessment/Clinical Problem-Solving (ACGME Patient Care-c; Med Knowledge a, b; PBS-a)

Assessment not included on videotape.	Formulates an assessment which is unlikely given the history and objective data.	On the right track toward an appropriate assessment, but is tentative or inexact in articulation.	Makes appropriate assessment, given HPI & available objective data.
Treatment plan not included on videotape.	Treatment plan unlikely to help, but won't hurt.	Makes treatment plan that is not "best practice", but is consistent with assessment.	Formulates treatment plan appropriate for assessment and/or differential diagnosis.
Prescribes wrong medication, wrong dose or duration.	Does not order diagnostic studies which would be useful and appropriate at this time.		Addresses patient's needs and agenda.
Orders diagnostic studies which are inappropriate for patient.	Orders related diagnostic studies which are not justifiable at this point.		Negotiates plan considering patient preferences.
Does not order diagnostic studies which are necessary and indicated at this time (e.g. fails standard of care test.)			

Disposition and Patient Education and Preventive health Care (ACGME Patient care-e, h)

Ends patient encounter without addressing patient's needs.	Provides patient education ineffectively.	Provides patient education which is fairly accurate and appropriate.	Clearly summarizes visit and treatment plan and follow-up instructions.
Does not give follow-up instructions.	Uses terms patient unlikely to fully understand.	Gives too much information (causing confusion or overload)	Provides appropriate, accurate and useful patient education.
Does not provide patient education:	Does not summarize plan.	Omits some aspects of patient education that could be useful.	Gives patient opportunity to ask questions.
• opportune times	Does not check that patient understands information received.	Accepts implied understanding and agreement with treatment plan.	Uses terms understood by the patient.
• correct misperceptions	Misses opportunity to provide patient education and/or address relevant preventive health care issues.		Ensures that patient understands information provided.
• patient's condition			
• relevant preventive health care issues			
Ignores signs that patient does not accept treatment plan.			
Gives erroneous information.			

Professionalism (ACGME Professionalism-a,b,c,e,g; Patient care-a)

Appearance is unprofessional (unkempt, too casual or revealing).	Appears extremely timid.	Presents fairly professional appearance.	Presents professional appearance.
Language is inappropriate.	Mumbles	Displays fairly professional demeanor.	Displays professional demeanor.
Demonstrates unethical or dishonest behavior.	Does not demonstrate respect or compassion.	Does not appear as confident as would be consistent with competence.	Presents self with appropriate self-confidence.
Displays arrogance or overbearing attitude.	Displays behavior that may be interpreted as insensitive or offensive.	Uses incorrect grammar.	Demonstrates ethically sound practice.
Displays anger inappropriately.	Displays frustration or impatience.	Does not articulate clearly.	
	Demonstrates ethically questionable behavior.		

Practice Management, Self-Assessment and Response to Feedback (ACGME PBLI-a)

Uses interview time inefficiently.	Major problem is spending too much time, but patient appreciates it.	Guides the interview fairly well.	Guides the interview to use time efficiently.
Does not recognize areas that need improvement.	Verbally accepts feedback, but does not alter behavior.	Is overly critical of own skills.	Accurately identifies skills/areas that need improvement.
Ignores feedback.	Is not critical enough of own skills.	Makes obvious attempts to adjust behavior in response to feedback.	Listens to and learns from feedback.
Responds negatively to feedback.			

Individual Videotaping Competency Summary and Prescription

I. Was the previous videotaping assignment satisfactorily completed on time? Yes No

II. Identified strengths to reinforce:

III. Areas to work on/Prescription for next videotaping cycle: (specify how many patient encounters for each objective-minimum of 3 total encounters total)

#1 _____

#2 _____

#3 _____

IV. Residency Requirement Completed? Yes No

Make 2 copies of this completed form: one to Resident and one to Kara McDaniel & Ashley Owen. Original goes in Residency folder.

