Supplemental Figure 1: Complete Direct Observation Form

Observed Visit Feedback Form

Resident:

Evaluator:

Date:

Instructions: Please observe <u>**entire**</u> encounter and then circle, <mark>highlight</mark>, 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 Residency Administration Staff

Medical Interview

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 (C2L3) - Rapport building throughout visit (C2L1)
Establishing Focus	- Repeatedly interrupts patient - Remains standing - Provider solely chooses problem to address	- Early unnecessary interruptions - Simple prioritizing or agenda set based on providers needs	- Allows pt to express initial concerns w/o interruptions (C1L2) - Elicits complete problem lists

	• No agenda setting • Tries to address too many problems	• Does not specify problems for future visits	• Set agenda and prioritizes all parts of the encounter (C2L3)
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

Comments:

Physical Exam

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
Comments:			

Assessment & Plan

Assessment	• Inadequate or absent differential diagnosis • Inappropriate prioritization of differential	• Limited but accurate differential offered (PC1L2) • Some prioritization requiring refinement	• Complete and accurate differential offered (PC1&2L2) • Appropriately prioritizes differential

		• Considers preventative elements of care (PC3L1)	• Accurately diagnoses, assesses, or stages condition (PC1L2) • Incorporates prevention into visit (PC3L2)
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 (MK2L1) • Needs assistance in nuances/detailed plans • Understands basic risks/benefits • Develops simple management plan (MK2L1) • Labels existence of clinical guidelines or protocols but does not use	• Able to selectively order/perform appropriate diagnostic studies (PC4L2) • Considers all risks/benefits prior to initiating treatment plan/testing (SBP1L2) • Makes appropriate use of clinical guidelines or protocols (PC1L2)
Comments:			

Counseling Skills/Shared Decision Making

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 (C2L2) • Questions encouraged (C2L3)

			● Discusses risk/benefits with patient (C2L3) ● Confirms comprehension of patient and family (C2L2)
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 (C2L3) ● Elicits pt's/family's reaction (C2L2) ● Confirms feasibility and "buy-in" of plan (C2L3) ● Engages patient in self-management (PC2L3)
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 (C2L2) ● F/u plans clear and specific ● Expected course/outcome clear
Comments:			

Relationship Skills

Understanding Patient & Family perspective	● No inquiry into patient's beliefs ● Ignores clues of stress	● Explores 1-2 pt's beliefs ● Acknowledges pt stress when brought up ● Family input considered if shared	● Explores all pertinent patient and family beliefs (P3L2) ● Invites famly input if not given

	● Does not address family's concerns		
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 (P3L1) ● Establishes trust ● Attends to patient's needs of comfort, modesty, confidentiality (P3L1)
Comments:			

Organization & Efficiency

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 (C3,C4L2)
Comments:			

Goals:

   1)

   2)

   3)

Abbreviations
C = Communication
PC = Patient Care
MK = Medical Knowledge
SBP = Systems-Based Practice
PBLI = Practice-Based Learning and Improvement
Prof = Professionalism
L=Level
Example (C2L3)= Communication 2 (Communicates effectively with patients, families, and the public) Level 3 (*Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit; Engages patient's perspective in shared decision making; Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters*)

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