Patient-Centered Care and Structuring the Visit

Elizabeth C. Dykhouse

University of Massachusetts Medical School

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Patient-centered care
(and Structuring the visit)

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University of Massachusetts Medical School

With slides borrowed from Amber Cahill, PsyD, Dir of Behavioral Science, Fitchburg FMR
What does “patient-centered care” mean?
Patient-Centered Observation Form

• University of Washington School of Medicine, Department of Family Medicine

• “The Patient Centered Observation Form (PCOF) is a communication and relationship assessment tool to help health care team members communicate effectively with patients.”

https://depts.washington.edu/fammed/pcof/
Patient Centered Observation Form - Clinician version

Directions: Track behaviors in left column. Then, mark one box per row: a, b, or c. Competent skill use is in one of the right two right side columns. Record important provider/patient comments and verbal/non-verbal cues in the notes. Use form to enhance your learning, vocabulary, and self-awareness. Ratings can be for individual intervals or to summarize several interactions. If requested, use this form to guide verbal feedback to someone you observe.

Skill Set and elements
Check what you see or hear. Avoid giving the benefit of the doubt.

Establishes Rapport
- Introduces self (before greeting at computer)
- Warm greeting (before greeting at computer)
- Acknowledges in the room by name
- Uses eye contact
- Tones or non-verbal interaction

Notes:

Maintains Relationship Throughout the Visit
- Uses verbal or non-verbal empathy during discussions
- Demonstrates openness, curiosity, intent-focus, not seeming rushed and acknowledges distractions
- Uses continuous phrases ("I'm listening")
- Repetition (rephrases) important verbal content
- Demonstrates presence, curiosity, intent-focus, not seeming rushed and acknowledges distractions

Notes:

Collaborative upfront agenda setting
- Acknowledges agenda items from other team member (eg MA) or from EHR
- Additional elicitation: "something else?" X
- X__
- Each elicitation counts as a new element
- Asks or confirms what is most important to patient.
- Note patient concern here:

Maintains Efficiency using transparent (loud) thinking and respectful interruption:
- Talks about visit time used/visit organization
- Acedelates priorities (includes provider agenda items)
- Talks about problem solving strategies
- Respectful interruption/education using EEE: Excuse your self. Empathize/validate issue being interrupted. Explain the reason for interruption (eg: for Taps tracking)

Notes:

Gathering Information
- Uses open ended question
- Uses reflecting statement
- Uses summary/refraining statement
- X
- Count each time the skill is used as one element

Notes:

Assessing Patient or Family Perspective on Health
- Acknowledges patient verbal or non-verbal cues
- Listens patient beliefs, explanation model or feelings
- Identifies contextual influences: family, cultural, spiritual
- Number of patient verbal or non-verbal cues:

Notes:

Physical Exam
- Prepares patient before physical exam actions and describes exam findings during the exam ("I am going to... then your lungs sound healthy")

Notes:

Behavior Change/Self Management
- Asks if patient wants help with health behavior change
- Explodes pros and cons of behaviors (respects ambivalence)
- Reflects comments about desire, ability, reason, need
- Asks permission to give advice
- If patient wants help, asks patient:
- To brainwash activities and choose one to reach goal
- To name activity frequency and timing of day
- Scales confidence in change (1-10)
- Monitors patient barriers
- Adjusts plan to address barriers
- Uses action plan worksheet (in AVS or separate)
- Identifies patient/ current behavior change effort

Notes:

Co-creating a plan
- Describes options
- Discusses pros and cons
- Discusses understanding with the decision
- Assesses patient understanding
- Asks for patient preferences
- Identifies and resolves decisional differences
- Plan respects patients goals and values

Notes:

Closure
- Asks questions about today's topics
- Co-creates and prints a readable After Visit Summary
- Uses Teachback: Asking the patient to explain his/her understanding of the plan
- Combination feedback and AVS creation while sharing the screen or notated (Counts for 3 elements)

Notes:
## Skill Set and elements

**Establishes Rapport**
- Introduces self before getting at computer
- Warm greeting (before at computer)
- Acknowledges in the room by name
- Eye contact
- Human or non medical interaction

**Maintains Relationship Throughout the Visit**
- Uses verbal or non-verbal empathy during discussions or during the exam
- Uses consistent phrases ("I'm listening")
- Repeats (reflects) important verbal content
- Demonstrates patience, genuine interest, looking, smiling, nodding, and sustaining conversions

**Collaborative upfront agenda setting**
- Acknowledges agenda items from other team members (eg, MA or ref BM)
- Additional elicitation "something else?" (eg, each skill counts as a new element)
- Asks or confirms what is most important to the patient

**Maintains Efficiency using transparent (out loud) thinking and respectful interruption**
- Talks about time use / visit organization
- Needs flow priorities (Includes provider agenda items)
- Talks about problem solving strategies
- Respectful interruption/ redirection (using EEE: Excuse your self, Emphasize/Validate issue being interrupted, Explain the reason for interruption / eg, for topic tracking)

**Gathering Information**
- Uses open-ended questions
- Uses reflecting statement

**Assessing Patient or Family Perspective on Health**
- Acknowledges patient verbal or non-verbal uses
- Exploratory/clarifying beliefs, explanations, or feelings
- Number of patient verbal / non-verbal uses

**Electronic Medical Record Use**
- Day 0 element, describes reason for each screen page
- Shares/screen of data atscreen during at least 2 visits (show agenda

**Sharing Information**
- Avoids jargon and explains medical jargon
- Summarizes cover biobehavioral concerns
- Summarizes cover psychological concerns
- Involves Q&A

**Behavior Change/ Self Management**
- Asks if patient help with health behavior change
- Explores pros and cons of behaviors (re: smoking cessation)
- Reflects comments about desire, ability, reason, need
- Asks permission to give advice

**Co-creating a plan**
- Describes plans
- Discusses plans with the patient
- Assesses patient understanding
- Asks for patient preferences
- Identifies and resolves decisional differences
- Plan respects patient goals and values

**Closure**
- Asks for questions about today's topics
- Co-creates a writeable summary with the patient
- At the end of clinic, ask the patient to explain their understanding of the plan
- Combines feedback and A/V creation while sharing the screen or notated (Counts for 3 elements)
<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Rapport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm greeting</td>
<td>1a. Uses 0-2 elements</td>
<td>1c. Uses 2-4 elements</td>
</tr>
<tr>
<td>Acknowledges patient</td>
<td>1b. Uses 3 elements</td>
<td></td>
</tr>
<tr>
<td>Establishes Rapport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes patient feel</td>
<td>2a. Uses 0-1 elements</td>
<td>2c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Provides encouragement</td>
<td>2b. Uses 2 elements</td>
<td></td>
</tr>
<tr>
<td>Maintains relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal or non-verbal</td>
<td>3a. Uses 0-1 elements</td>
<td>3b. Uses 2 elements</td>
</tr>
<tr>
<td>Demonstrates curiosity</td>
<td>3b. Uses 2 elements</td>
<td></td>
</tr>
<tr>
<td>Shows empathy</td>
<td>3c. Uses 3 or more elements</td>
<td></td>
</tr>
<tr>
<td>Collaborative upfront</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agenda setting</td>
<td>4a. Uses 0 elements</td>
<td>4b. Uses 1 element</td>
</tr>
<tr>
<td>Acknowledges agenda</td>
<td>4b. Uses 1 element</td>
<td></td>
</tr>
<tr>
<td>Additional elicitation</td>
<td>4c. Uses 2 or more elements</td>
<td></td>
</tr>
<tr>
<td>Gathering Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays open-ended</td>
<td>5a. Uses 0-1 elements</td>
<td>5b. Uses 2 elements</td>
</tr>
<tr>
<td>Statements</td>
<td>5b. Uses 2 elements</td>
<td></td>
</tr>
<tr>
<td>Assessing Patient or</td>
<td>6a. Uses 0-1 elements</td>
<td>6b. Uses 2 elements</td>
</tr>
<tr>
<td>Family Perspective on</td>
<td>6b. Uses 2 elements</td>
<td>6c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Health</td>
<td>6c. Uses 3 or more elements</td>
<td></td>
</tr>
<tr>
<td>Electronic Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record</td>
<td>7a. Uses 0 or 1 element</td>
<td>7b. Uses 2 elements</td>
</tr>
<tr>
<td>Record</td>
<td>7a. Uses 0 or 1 element</td>
<td>7c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Maintains eye contact</td>
<td>7b. Uses 2 elements</td>
<td></td>
</tr>
<tr>
<td>and/or shares screen</td>
<td>8a. Uses 0-1 elements</td>
<td>8b. Uses 2 elements</td>
</tr>
<tr>
<td>Sharing information</td>
<td>9a. Uses 1 element</td>
<td>9b. Uses 2 elements</td>
</tr>
<tr>
<td>Responds to patient</td>
<td>9b. Uses 2 elements</td>
<td>9c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Behavior Change/ Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>10a. Uses 0 elements</td>
<td>10b. Uses 2 elements</td>
</tr>
<tr>
<td>Encourages patient</td>
<td>10b. Uses 2 elements</td>
<td>10c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Accepts patient</td>
<td>11a. Uses 0-2 elements</td>
<td>11b. Uses 3 or more elements</td>
</tr>
<tr>
<td>Feedback</td>
<td>11b. Uses 3 or more elements</td>
<td>11c. Uses 5 elements</td>
</tr>
<tr>
<td>Assessing Tacit or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-verbal cues</td>
<td>12a. Uses 0 elements</td>
<td>12b. Uses 2 elements</td>
</tr>
</tbody>
</table>
### Skill Set and elements

*Check only what you see or hear.
Avoid giving the benefit of the doubt.*

#### Establishes Rapport

<table>
<thead>
<tr>
<th></th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1a. Uses 0-2 elements</td>
<td>1b. Uses 3 elements.</td>
</tr>
</tbody>
</table>

**Notes:**

- □ 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
# Patient Centered Observation Form - Clinician version

**Skill Set and elements**

Check only what you see or hear. Avoid giving the benefit of the doubt.

Avoid giving the benefit of the doubt.

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<thead>
<tr>
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</tr>
<tr>
<td></td>
<td>1b. Uses 3 elements</td>
</tr>
<tr>
<td></td>
<td>1c. Uses 4 or more elements</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain Relationship Throughout the Visit</td>
<td>2a. Uses 0-1 elements</td>
</tr>
<tr>
<td></td>
<td>2b. Uses 2 elements</td>
</tr>
<tr>
<td></td>
<td>2c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative upfront agenda setting</td>
<td>3a. Uses 0-1 elements</td>
</tr>
<tr>
<td></td>
<td>3b. Uses 2 elements</td>
</tr>
<tr>
<td></td>
<td>3c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains Efficiency using transparent (out loud) thinking and respectful interruption:</td>
<td>4a. Uses 0 elements</td>
</tr>
<tr>
<td></td>
<td>4b. Uses 1 element</td>
</tr>
<tr>
<td></td>
<td>4c. Uses 2 or more elements</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering Information</td>
<td>5a. Uses 0-1 elements</td>
</tr>
<tr>
<td></td>
<td>5b. Uses 2 elements</td>
</tr>
<tr>
<td></td>
<td>5c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessing Patient or Family Perspective on Health</td>
<td>6a. Uses 0 elements</td>
</tr>
<tr>
<td></td>
<td>6b. Uses 1 element</td>
</tr>
<tr>
<td></td>
<td>6c. Uses 2 or more elements</td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
</tr>
</tbody>
</table>

**Electronic Medical Record Use**

- by 10 seconds, describes reason for each screen page
- Shared/all screen if at least 3/4 in the task
- Maintains eye contact and/or shares screen at least 3/4 of the time
- Willing to provide information to share

**Behavior Change/Goal Setting**

- Asks if patient feels ready to change or not
- Discusses pros and cons of behaviors (respects autonomy)
- Reflects comments about desire, ability, reason, need.
- Asks permission to give advice
- If patient wants help, asks patient:
  - To brainstorm activities and choose one to reach goal
  - To name activity frequency and timing of steps
  - Scales confidence in change (1-10)
  - Aims to change patient barriers
  - Adjusts plan to address barriers
  - Uses action plan worksheet (in AIV or separate)
  - Identifies plan vs. current behavior change effort

**Co-creating a plan**

- Describes options
- Discusses pros and cons
- Discusses understanding with the decision
- Assess patient understanding
- Asks for patient preferences
- Identifies and resolves decisional differences
- Plan respects patients goals and values

**Closure**

- Asks questions about today’s topics
- Co-creates and prints a readable After Visit Summary
- Uses Teachback: Asks the patient to explain their understanding of the plan
- Combines feedback and AIV creation while sharing the screen or monitor.

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Contact Larry Munksh on for further information: lrmunsh@uw.edu
### Skill Set and Elements

*Check only what you see or hear. Avoid giving the benefit of the doubt.*

#### 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

#### Provider Centered Biomedical Focus

2a. Uses 0-1 elements

#### Patient Centered Biopsychosocial Focus

2b. Uses 2 elements

2c. Uses 3 or more elements
Review from motivational interviewing...

• Open-ended questions
• Affirmations
• Reflections
• Summaries
Patient Centered Observation Form - Clinician version

Skill Set and elements

<table>
<thead>
<tr>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
</tr>
</tbody>
</table>

Establishes Rapport
- Introduces self (state name and credentials)
- Warmly greets patient (at door or in office)
- Acknowledges smile or other greeting
- Utilizes eye contact
- Hears and or non-verbal interaction

Maintains Relationship Throughout the Visit
- Uses verbal or non-verbal empathy during discussion or the exam
- Uses verbal phrases ("I'm really listening...")
- Demonstrates presence, curiosity, intent focus, not seeming "numb" and acknowledges distractions

Collaborative upfront agenda setting
- Acknowledges agenda items from other team member (e.g. MAI) or from patient
- Additional elicitation: "something else?" * You may add other elements as a new element
- Ask what is most important
- Note patient concerns here:

Maintains Efficiency using transparent (out loud) thinking and respectful interruption:
- Talks about visit time use / visit organization
- Nudges priorities (includes provider agenda items)
- Talks about problem solving strategies
- Respectful interruption/ redirection using EEE: Excuse your self, Emphasize/validate issue being interrupted, Explain the reason for interruption (e.g. for Topics Tracking)

Gathering Information
- Uses open-ended question
- Uses reflecting statement
- Uses summary/clarifying statement
- Count each time the skill is used as one element.

Assessing Patient or Family Perspective on Health
- Acknowledges patient verbal / non-verbal cues
- Empathizes patient beliefs, explanations, models or feelings
- Encourages cultural influences: family, cultural, spiritual
- Number of patient verbal / non-verbal cues

Behavior Change/ Self Management
- Asks if patient wants help with health behavior change.
- Examines pros and cons of behaviors (expectant adherence)
- Reflects on comments about desire, ability, reason, need
- Allows permission to give advice
- If patient wants help, asks patient:
  - To brainstorm activities and choose one to reach goal
  - To name activity frequency and times of day
  - Helps plan confidence in change (> 10)
  - Monitors patient barriers
  - Adjusts plan to address barriers
  - Uses action plan worksheet (in AmS or separate)
  - Identifies plan / current behavior change effort

Co-creating a plan
- Describes options
- Discusses pros and cons
- Discusses understanding with the decision
- Assess patient understanding
- Asks for patient preferences
- Identifies and resolves decisional differences
- Plan respects patient goals and values

Closure
- Asks questions about today's topics.
- Co-creates and prints a readable After Visit Summary
- Uses Teachback, asking the patient to explain to the other understanding of the plan.
- Combines feedback and AmS creation while sharing the screen or notated (Counts for one)

Electronic Medical Record Use
- Skips 10 seconds, describes reason for each screen pause
- Browses points at screen during at least 3 visit phases (agenda setting, history, Rx / lab review, typing AVS)
- Maintains eye contact and / or shares screen at least 3 / 5 of the visit
- Asks patient to confirm or contribute to documentation

Physical Exam
- Prepares patient before physical exam actions and describes exam findings during the exam
- "I am going to... then your lungs sound healthy"

Sharing Information
- Asks or explains medical jargon
- Summarizes cover biomedical concerns
- Summarizes cover psychosocial concerns
- Involved Q/A

Notes:

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Contact Larry Mandell for further information <mandell@uw.edu>
### Skill Set and elements
Check only what you see or hear. Avoid giving the benefit of the doubt.

<table>
<thead>
<tr>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Uses 0-1 elements</td>
<td>3b. Uses 2 elements</td>
</tr>
</tbody>
</table>

#### Collaborative upfront agenda setting
- Acknowledges agenda items from other team member (eg 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.

*Structuring the visit*
What are the consequence of not setting an agenda? For the patient? For the provider?
## ESTABLISHING FOCUS: COLLABORATIVE AGENDA SETTING

<table>
<thead>
<tr>
<th>Step 1: Orient the patient.</th>
<th>“I know we planned to talk about your blood pressure, but first I want to check if there are some other concerns you hoped to discuss. This way, we can make the best use of our time.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2: Mindfulness cue.</td>
<td>Remind yourself that you may not be able to address all problems and issues in one visit.</td>
</tr>
<tr>
<td>Step 3: Make a list.</td>
<td>“What concerns would you like me to know about today?” Then: “Is there something else?” and “Something else?”</td>
</tr>
<tr>
<td>Step 4: When necessary, make space for the patient to tell his or her story before the entire list of concerns is elicited.</td>
<td></td>
</tr>
<tr>
<td>Step 5: Avoid premature diving into diagnostic questions.</td>
<td>“Excuse me for a moment. I am getting a little ahead of myself. Before we talk further about your headaches, do you have other problems or concerns you wanted to discuss today?”</td>
</tr>
<tr>
<td>Step 6: Mindfulness cue.</td>
<td>Ask yourself, “Do I feel able to address all the patient’s concerns today? Do I need to put some concerns off for a later visit?”</td>
</tr>
<tr>
<td>Step 7: Confirm what is most important to the patient.</td>
<td>“My impression is that talking about ________ is most important. Is that right?” or “We may not be able to do a good job on all these concerns today. Which concerns are most important today?”</td>
</tr>
<tr>
<td>Step 8: If needed, express your concerns about particular issues and negotiate how to best spend your time.</td>
<td></td>
</tr>
<tr>
<td>Step 9: Seek confirmation and commitment.</td>
<td>“OK, let’s start with your neck pain, and we can check in on blood pressure. If we cannot do a good job on the other items, then let’s arrange another visit.”</td>
</tr>
</tbody>
</table>


Agenda setting and session structure

• Beginning
  • Organizing the visit
  • Ensuring patient’s goals and concerns are being addressed

• During visit
  • Redirecting patient to goals of visit
  • Organizing provider’s thinking

• End of visit
  • Organizing plan
<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered</th>
<th>Patient Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Biomedical Focus</td>
<td>Biopsychosocial Focus</td>
</tr>
<tr>
<td><strong>Maintains Efficiency using transparent (out loud) thinking and respectful interruption:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Talks about visit time use / visit organization</td>
<td>4a. Uses 0 elements</td>
<td></td>
</tr>
<tr>
<td>□ Negotiates priorities (includes provider agenda items)</td>
<td>4b. Uses 1 element</td>
<td></td>
</tr>
<tr>
<td>□ Talks about problem solving strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Respectful interruption/redirection using EEE: Excuse your self, Empathize/validate issue being interrupted, Explain the reason for interruption (eg, for Topic tracking)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Structuring the visit*
What have you been taught (directly or indirectly) about interrupting patients?
Master the Verbal Transition

*The Compassionate Cut Off*

compassionate recognition + communicate the boundary of the visit or reason to change topic

- What you’re saying is important and I’d like to hear more about at a future time, but it’s important that I ask you more about [insert sx] so I can make sure your health is ok.
- You are going through a difficult time, I want to hear about this more at our next visit, but unfortunately, we need to end today’s visit.
- I understand that you are upset and you disagree with the plan going forward, but we are out of time and can’t discuss this anymore today. We will have to pick this up next time.
- What you are saying is important and it deserves more time than I can give you today, we need to end but let’s start with this next time.
The Compassionate Cut Off

What if the patient isn’t responding?

- Restate the verbal transition 2 times
- Drop the compassionate recognition – communicate only the boundary
  - We need to end today’s visit
  - We need to end but let's start with this next time
- Nonverbal behavior – stand up and move towards door
<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered Biomedical Focus</th>
<th>Provider Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes Rapport</td>
<td>1a. Uses 0-1 elements</td>
<td>7a. Uses 0 or 1 elements</td>
</tr>
<tr>
<td></td>
<td>1b. Uses 3 elements</td>
<td>7b. Uses 2 elements</td>
</tr>
<tr>
<td></td>
<td>1c. Uses 4 or 5 elements</td>
<td>7c. Uses 3 or 4 elements</td>
</tr>
<tr>
<td>Maintains Relationship</td>
<td>2a. Uses 0 or 1 elements</td>
<td>8a. 0-1 elements (eg, lungs)</td>
</tr>
<tr>
<td>Throughout the Visit</td>
<td>2b. Uses 2 elements</td>
<td>8b. 2 elements (eg, heart, lung)</td>
</tr>
<tr>
<td></td>
<td>2c. Uses 3 or more elements</td>
<td>8c. 3 or more elements</td>
</tr>
<tr>
<td>Collaborative upfront</td>
<td>3a. Uses 0-1 elements</td>
<td>9a. Uses 0-1 elements</td>
</tr>
<tr>
<td>agenda setting</td>
<td>3b. Uses 2 elements</td>
<td>9b. Uses 2 elements</td>
</tr>
<tr>
<td></td>
<td>3c. Uses 3 or more elements</td>
<td>9c. Uses 3 or more elements</td>
</tr>
<tr>
<td>Maintains Efficiency</td>
<td>4a. Uses 0 elements</td>
<td>10a. Uses 0 elements</td>
</tr>
<tr>
<td>using transparent (out</td>
<td>4b. Uses 1 element</td>
<td>10b. Uses 2 or 3 elements</td>
</tr>
<tr>
<td>loud) thinking and</td>
<td>4c. Uses 2 elements</td>
<td>10c. Uses 4 or 6 elements</td>
</tr>
<tr>
<td>respectful interruption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering Information</td>
<td>5a. Uses 0-1 elements</td>
<td>11a. Uses 0-1 element</td>
</tr>
<tr>
<td></td>
<td>5b. Uses 2 elements</td>
<td>11b. Uses 3-4 elements</td>
</tr>
<tr>
<td>Assessing Patient or</td>
<td>6a. Uses 0 elements</td>
<td>11c. Uses 5 elements</td>
</tr>
<tr>
<td>Family Perspective on</td>
<td>6b. Uses 1 element</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>6c. Uses 2 elements</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behavior Changes/Self Management**
- Asks if patient wants help with health behavior change.
- Explains pros and cons of behaviors (respects ambivalence).
- Reflects comments about desire, ability, reason, need.
- Asks for permission to give advice.

- If patient wants help, asks patient:
  - To brainstorm activities and choose one to reach goal.
  - To name activity frequency and times of day.
  - Scales confidence in change (1-10).
  - Assesses patient barriers.
  - Adjusts plan to address barriers.
  - Uses action plan worksheet (in AVS or separate).
  - Identifies plans (current behavior change effort).

- Co-creating a plan
  - Describes options.
  - Discusses pros and cons.
  - Discusses outcomes of the decision.
  - Assesses patient understanding.
  - Asks for patient preferences.
  - Identifies and resolves decisional differences.
  - Plan respects patient goals and values.

- Closure
  - Asks for questions about today's topics.
  - Co-creates and prints a readable After Visit Summary.
  - Uses Teachback: asking the patient to explain their understanding of the plan.
  - Combines feedback and AVS creation while sharing the screen or notated. (Counts for 3-5 elements.)
### Skill Set and Elements
- Check only what you see or hear.
- Avoid giving the benefit of the doubt.

### Gathering Information
- Uses open-ended question: X
- Uses reflecting statement: X
- Uses summary/clarifying statement: X

<table>
<thead>
<tr>
<th></th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td>Uses 0-1 elements</td>
<td>5b. Uses 2 elements</td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td>5c. Uses 3 or more elements</td>
</tr>
</tbody>
</table>

Count each time the skill is used as one element.
Review from motivational interviewing...

• Open-ended questions
• Affirmations
• Reflections
• Summaries
Open-ended questions

• Answer is not a “yes” or a “no”
• Encourages the patient to talk more

• Examples:
  • How can we/I help you today?
  • Tell me about the time when this problem began.
  • What’s different for you this time?
  • Tell me more about this.
Affirmations

• Statements of appreciation
• Highlighting strengths
• Highlighting progress
• Patient-focused

• Examples:
  • “Thanks for coming today.”
  • “I appreciate that you are willing to talk to me about your substance use.”
  • “That’s a good idea.”
  • “That’s great that you’ve been able to take your medication sometimes.”
Reflective Responses

• Convey listening and understanding
• Demonstrate empathy

• Simple Reflection – keep the statement the same
  • Repeat – simply restate what was said again
  • Rephrase – replace one or more words with a synonym

• Complex Reflection – change the statement but keep the meaning
Summaries

• Confirm accuracy of problem and history
• Confirm understanding of next steps
• Convey listening and empathy
Patient Centered Observation Form - Clinician version

<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes Rapport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm greeting</td>
<td>1a. Uses 0-2 elements</td>
<td></td>
</tr>
<tr>
<td>Acknowledges in the room by name</td>
<td>1b. Uses 3 elements</td>
<td></td>
</tr>
<tr>
<td>Eye contact</td>
<td>1c. Uses 4 elements</td>
<td></td>
</tr>
<tr>
<td>Humor or non-medical interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains Relationship Throughout the Visit</td>
<td>2a. Uses 0-1 elements</td>
<td>2b. Uses 2 elements</td>
</tr>
<tr>
<td>Uses verbal or non-verbal empathy during discussions or during the exam</td>
<td>2c. Uses 3 or more elements</td>
<td>2d. Uses 2 elements</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborative upfront agenda setting</td>
<td>3a. Uses 0-1 elements</td>
<td>3b. Uses 2 elements</td>
</tr>
<tr>
<td>Acknowledges agenda items from other team member (eg. MA) or from RN</td>
<td>3c. Uses 3 or more elements</td>
<td>3d. Uses 2 elements</td>
</tr>
<tr>
<td>Additional elaboration: &quot;something else?&quot;</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Each elaboration counts as a new element</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains Efficiency using transparent (out loud) thinking and respectful interruption</td>
<td>4a. Uses 0 elements</td>
<td>4b. Uses 1 element</td>
</tr>
<tr>
<td>Talks about visit time use / visit organization</td>
<td>4c. Uses 2 or more elements</td>
<td>4d. Uses 1 element</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses open-ended questions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessing Patient or Family Perspective on Health</td>
<td>5a. Uses 0-1 elements</td>
<td>5b. Uses 2 elements</td>
</tr>
<tr>
<td>Acknowledges patient verbal or non-verbal uses</td>
<td>5c. Uses 3 or more elements</td>
<td>5d. Uses 2 elements</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Electronic Medical Record Use

- Provides efficient access to patient information during the visit.
- Uses stored information to create an informed discussion with the patient.
- Notes:

Physical Exam

- Reviews pertinent patient history.
- Examines patient for specific indications or signs.
- Notes:

Sharing Information

- Shares relevant information with patient.
- Notes:

Behavior Change/Self Management

- Encourages patient to make lifestyle changes.
- Notes:

Co-creating a plan

- Develops a plan with the patient.
- Notes:

Closure

- Summarizes the visit.
- Notes:
### Skill Set and elements
Check only what you see or hear. Avoid giving the benefit of the doubt.

<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessing Patient or Family Perspective on Health</strong></td>
<td>□ Acknowledges patient verbal or non-verbal cues.</td>
<td>□ Uses 0 elements</td>
</tr>
<tr>
<td></td>
<td>□ Explores patient beliefs (explanatory model) or feelings</td>
<td>□ Uses 1 element</td>
</tr>
<tr>
<td></td>
<td>□ Explores contextual influences: family, cultural, spiritual.</td>
<td>□ Uses 2 or more elements</td>
</tr>
<tr>
<td><strong>Number of patient verbal / non-verbal cues</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eliciting the patient perspective - ICE

• Ideas
  • What does the patient think is going on? What are their ideas about the possible diagnosis, treatment, or prognosis?

• Concerns
  • What are they worried is going on? What are their concerns about what is going on or about the diagnosis, treatment, or prognosis?

• Expectations
  • What are they expecting from their doctor? What are they expecting from the diagnosis, treatment, or prognosis?

(Matthys et al., 2009)
The family’s perspective

• Family stresses
• Family supports
• Who in the family does this impact the most?
• Do the patient’s goals and the family’s goals align? Do they differ?
### Patient Centered Observation Form - Clinician version

#### Skill Set and Elements

- **Provider Centered Biomedical Focus**
  - 1a. Uses 0-1 elements
  - 1b. Uses 2 elements
  - 1c. Uses 3 or more elements

- **Patient Centered Biopsychosocial Focus**
  - 2a. Uses 0-1 elements
  - 2b. Uses 2 elements
  - 2c. Uses 3 or more elements

#### Establishes Rapport

- Introduces self (before sitting at computer)
- Warm greeting (before sitting at computer)
- Acknowledges in the room by name
- Uses eye contact
- Awards non-verbal medical interaction

#### Maintains Relationship Throughout the Visit

- Uses verbal or non-verbal empathy during discussions or during the exam
- Uses continued phrases ("I'm trim")
- Repeats (reflects) important verbal content
- Demonstrates presence, curiosity, intent focus, not seeing "nushed" and acknowledges distractions

#### Collaborative Front Agenda Setting

- Acknowledges agenda items from other team member (eg. MA) or from EHR
- Additional elicitation: "something else?" *x__
  - 3a. Uses 0-1 elements
  - 3b. Uses 2 elements
  - 3c. Uses 3 or more elements

#### Maintains Efficiency Using Transparent (Out Loud) Thinking and Respectful Interruption

- Talks about visit time use / visit organization
- Identifies priorities (includes provider agenda items)
- Talks about problem solving strategies
- Respectful interruption/redirection using EEE: Excuse yourself, Emphasize: Issue being interrupted, Explain the reason for interruption (eg. for topics tracking)

#### Gathering Information

- Uses open-ended question
- Uses reflective statement
- Uses summary/closing statement
  - Notes: Count each time the skill is used as one element.

#### Assessing Patient or Family Perspective in Health

- [ ] Acknowledges patient verbal or non-verbal cues
- [ ] Employs patient beliefs, explanatory model or feelings
- [ ] Engages cultural influences: family, cultural, social
- [ ] Number of patient verbal / non-verbal cues: 0

### Electronic Medical Record Use

- [ ] Electronic Medical Record Use: 5-10 seconds, describes reason for each screen use
- [ ] Shares notes at screen during at least 2 visits (agenda setting, history, Rx / lab review, typing AVS)
- [ ] Maintains eye contact and / or shares screen at least 2/3 fraction of time

#### Sharing Information

- [ ] Invites or explains medical jargon
- [ ] Summarizes content biomedical concerns
- [ ] Summarizes content psychosocial concerns
- [ ] Involves Q1A

#### Behavior Change/Self Management

- [ ] Asks if patient wants help with health behavior change
- [ ] Explains pros and cons of behaviors (respects autonomy)
- [ ] Reflects comments about desire, ability, reason, need
- [ ] Asks permission to give advice

#### Co-creating a plan

- [ ] Describes options
- [ ] Discusses pros and cons
- [ ] Discusses understanding of the decision
- [ ] Assesses patient understanding
- [ ] Asks for patient preferences
- [ ] Identifies and resolves decisional differences
- [ ] Plan respects patient goals and values

#### Closure

- [ ] Asks for questions about today's topic
- [ ] Co-creates and prints a readable After Visit Summary
- [ ] Uses Teachback: ASKING the patient to explain his / her understanding of the plan
- [ ] Combines feedback and AVS creation while sharing the screen or notebook (Counts 3 or more elements)
<table>
<thead>
<tr>
<th>Skill Set and elements</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Medical Record Use</strong></td>
<td>□ By 10 seconds, describes reason for each screen gaze</td>
<td>□ 7a. Uses 0 or 1 elements.</td>
</tr>
<tr>
<td>□ Shares/points at screen during at least 2 visit phases (agenda setting, history, Rx / Lab review, typing AVS)</td>
<td>□ 7b. Uses 2 elements</td>
<td>□ 7c. Uses 3 or 4 elements</td>
</tr>
<tr>
<td>□ Maintains eye contact and/or shares screen at least 2/3rds of the visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Ask patient to confirm or contribute to documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient Centered Observation Form - Clinician version

Directions: Track behaviors in left column. Then, mark one box per row, a, b, or c. Competent skill use is in one of the right two right side columns. Record important provider/patient comments and verbal/non-verbal cues in the notes. Use form to enhance your learning, vocabulary, and self-awareness. Ratings can be for individual interviews or to summarize several interactions. If relevant, use this form to guide verbal feedback to someone you observe.

Skill Set and elements

<table>
<thead>
<tr>
<th>Establish Rapport</th>
<th>Maintains Relationship Throughout the Visit</th>
<th>Collaborative upfront agenda setting</th>
<th>Maintain Efficiency using transparent (out loud) thinking and respectful interruption</th>
<th>Gathering Information</th>
<th>Assessing Patient or Family Perspective on Health</th>
<th>Co-creating a plan</th>
<th>Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. Uses 4 elements</td>
<td>c. Uses 2 elements</td>
<td>c. Uses 2 elements</td>
<td>c. Uses 3 or more elements</td>
<td>c. Uses 3 or more elements</td>
<td>c. Uses 3 or more elements</td>
<td>c. Uses 4 elements</td>
<td>c. Uses 5 elements</td>
</tr>
</tbody>
</table>

Provider Centered Biomedical Focus

Electronic Medical Record Use

- 8a. Uses 0-1 elements
- 8b. Uses 2 elements
- 8c. Uses 3 or 4 elements
- 8d. Uses 2 elements
- 8e. Uses 3 or more elements

Physical Exam

- 9a. Uses 0-1 elements
- 9b. Uses 2 elements
- 9c. Uses 3 or more elements

Sharing Information

- 10a. Uses 0-1 elements
- 10b. Uses 2 elements
- 10c. Uses 3 or more elements

Behavior Change/ Self Management

- 11a. Uses 0-1 elements
- 11b. Uses 2 elements
- 11c. Uses 3 or more elements

Notes:

Patient Centered Biopsychosocial Focus

- Check only what you see or hear. Avoid giving the benefit of the doubt.

Notes:

- Provider Centered Biomedical Focus
- Patient Centered Biopsychosocial Focus

Notes:
**Skill Set and elements**
*Check only what you see or hear. Avoid giving the benefit of the doubt.*

**Physical Exam**
- [ ] Prepares patient before physical exam actions **and** describes exam findings during the exam
  ("I am going to ____ then "your lungs sound healthy")

<table>
<thead>
<tr>
<th>Provider Centered Biomedical Focus</th>
<th>8a. 0-1 exam elements (eg., lungs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8b. 2 exam elements (eg, heart, lung)</td>
</tr>
<tr>
<td></td>
<td>8c. &gt; 2 exam elements (eg, heart, lung, ears)</td>
</tr>
</tbody>
</table>

**Patient Centered Biopsychosocial Focus**
### Skill Set and elements

*Check only what you see or hear.
Avoid giving the benefit of the doubt.*

### Sharing Information

- □ Avoids or explains medical jargon
- □ Summaries cover biomedical concerns
- □ Summaries cover psychosocial concerns.
- □ Invites Q/A

<table>
<thead>
<tr>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a. Uses 0-1 elements</td>
<td>9b. Uses 2 elements</td>
</tr>
<tr>
<td>9c. Uses 3 or more elements</td>
<td></td>
</tr>
<tr>
<td>Skill Set and elements</td>
<td>Provider Centered Biomedical Focus</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Establishes Rapport</td>
<td></td>
</tr>
<tr>
<td>Maintains Relationship Throughout the Visit</td>
<td></td>
</tr>
<tr>
<td>Collaborative upfront agenda setting</td>
<td></td>
</tr>
<tr>
<td>Maintains Efficiency using transparent (out loud) thinking and respectful interruption</td>
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</tr>
<tr>
<td>Gathering Information</td>
<td></td>
</tr>
<tr>
<td>Assessing Patient or Family Perspective on Health</td>
<td></td>
</tr>
<tr>
<td>Closure</td>
<td></td>
</tr>
</tbody>
</table>

**Electronic Medical Record Use**
- By 10 seconds, describes reason for each screen page
- Shares/presents at screen during at least 2 visits
- Generates agenda setting, history, Rx / Lab review, typing AVS
- Maintains eye contact and/or shares screen at least 2/3 of the visit
- Asks patient to confirm or contribute to documentation

**Physical Exam**
- Prepares patient before physical exam actions and describes exam findings during the exam
  
**Sharing Information**
- Avoids or explains medical jargon
- Summarizes cover biomedical concerns
- Summarizes cover psychosocial concerns
- Involves Q&A

**Behavior Change/Self Management**
- Asks if patient wants help with behavior change
- Explores pros and cons of behaviors (respects autonomy)
- Reflects comments about desire, ability, reason, need
- Asks permission to give advice
- If patient wants help, asks patient:
  - To brainstorm activities and choose one to reach goal
  - To name activity frequency and times of day
  - Scales confidence in change (> 10)
  - Assesses patient barriers
  - Adjusts plan to address barriers
  - Uses action plan worksheet (in AVS or similar)
  - Aids patient / current behavior change effort

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### Behavior Change/Self Management

- Asks if patient wants help with health behavior change.
- Explores pros and cons of behaviors (respects ambivalence)
- Reflects comments about: desire, ability, reason, need.
- Asks permission to give advice

**If patient wants help, asks patient:**
- To brainstorm activities and choose one to reach goal
- To name activity frequency and time of day
- Scales confidence in change (1-10)
- Assesses patient barriers
- Adjusts plan to address barriers
- Uses action plan worksheet (in AVS or separate)
- Affirms prior / current behavior change effort

### Provider Centered Biomedical Focus

- 10c. Uses 0-1 elements or lectures patient

### Patient Centered Biopsychosocial Focus

- 10b. Uses 2-3 elements
- 10c. Uses 4 or more elements
Patient Centered Observation Form - Clinician version

Directions: Track behaviors in left column. Then mark one box per row. A, B, or C. Competent skill use is in one of the right two right side columns. Record important provider/patient comment in verbal/ non-verbal uses in the notes. Use form to enhance your learning, vocabulary, and self-awareness. Ratings can be for individual interviews or to summarize several interactions. If required use this form to guide feedback to someone you observe.

Skill Set and elements

Check only what you see or hear. Avoid giving the benefit of the doubt.

Establishes Rapport

Introduces self (before going at computer)
Warm greeting (before going at computer)
Acknowledges patient by name
Uses eye contact
Harmful or non-medical interaction

Notes:

Maintains Relationship Throughout the Visit

Uses verbal or non-verbal empathy during discussions or during the exam
Uses continuing phrases ("I'm trying," "I'm repeating," important verbal content
Demonstrates presence, curiosity, intent focus, not seeming "fuzzy" and acknowledges distractions

Notes:

Collaborative upfront agenda setting

Acknowledges agenda items from other team members (eg. MA) or from ER
Additional elicitation: "something else?" * x
Each elicitation counts as a new element
Asks or confirms what is most important to the patient
Note patient concern here:

Maintains Efficiency using transparent (out loud) thinking and respectful interruption:

Asks about visit time use / visit organization
Nudges priorities (includes provider agenda items)
Asks about problem solving strategies
Respectful interruption/reduction using EEE: Excuse your self. Emphasize/validate issue being interrupted. Explain the reason for interruption (eg. for Taps tracking)

Gathering Information

Uses open-ended question
Uses summarizing statement
Notes:

Assessing Patient or Family Perspective on Health

Acknowledges patient verbal or non-verbal uses
Uses patient beliefs, explanatory model or feelings
Remember contextual influences: family, cultural
Number of patient verbal/ non-verbal uses:

Notes:

Electronic Medical Record Use

Able to 10 seconds, describes reason for each screen page
Shares/plays at screen during 3 visit phases (agenda setting, history, Rx / Lab review, typing AVS)
Maintains eye contact and/or shares screen at least 3/4s of the visit
Asks patient to confirm or contribute to documentation

Physical Exam

Prepares patient before physical exam actions and describes exam findings during the exam ("I'm going to... then your lungs sound healthy")

Notes:

Sharing Information

Asks or explains medical jargon
Summarizes cover biomedical concerns
Summarizes cover psychosocial concerns
Involves Q&A

Notes:

Behavior Change: Self Management

Asks if patient wants help with health behavior change
Explains pros and cons of behaviors (respects autonomy)
Reflects comments about desire, ability, reason, need
Asks permission to give advice
If patient wants help, asks patient:
To brainstorm activities and choose one to reach goal
To name activity frequency and times of day
Scales confidence in change (> 10)
Assesses patient barriers
Adjust plan to address barriers
Uses action plan worksheet (in AVS or separate)

Notes:

Co-creating a plan

Described options
Discusses pressed pros and cons
Discusses understandings with the decision
Assesses patient understanding
Asks for patient preferences
Identifies and resolves decisional differences
Plan respects patients goals and values

Notes:

Closure

Asks for questions about today's topic
Co-creates and prints a readable After Visit Summary
Uses Teachback: Asking the patient to explain their understanding of the plan
Combines feedback and AVS creation while sharing the screen or notated. Counts for 3 points

Notes:

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# Skill Set and elements

*Check only what you see or hear.*

*Avoid giving the benefit of the doubt.*

<table>
<thead>
<tr>
<th>Co-creating a plan</th>
<th>Provider Centered Biomedical Focus</th>
<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Describes options</td>
<td>□ 11a. Use 0-2 element</td>
<td>□ 11c. Uses ≥ 5 elements</td>
</tr>
<tr>
<td>□ Discusses pros and cons</td>
<td>□ 11b. Uses 3-4 elements</td>
<td></td>
</tr>
<tr>
<td>□ Discusses uncertainties with the decision</td>
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<tr>
<td>□ Assesses patient understanding</td>
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<tr>
<td>□ Asks for patient preferences</td>
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<tr>
<td>□ Identifies and resolves decisional differences</td>
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<tr>
<td>□ Plan respects patients goals and values</td>
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</tbody>
</table>
Common Scenario:

You’ve outlined a clear plan to help get a patient’s A1c under control. You spoke about starting a new medication and some small changes in diet and physical activity, with plans to follow up in one month. At the end of the visit you asked the patient, “Do you have any questions about this plan.” Patient smiled, shook her head and said no.

You see her again in 4 weeks. She never filled the prescription and didn’t make the changes you discussed...

Why don’t patients follow medical advice or follow through on treatment plans that their PCPs believe will improve their health?
Non-adherence

Lack of knowledge?
- Education

Logistical barriers?
- Problem solving

Readiness for change?
- Pre-contemplative
  - Focus on relationship
- Contemplative
  - Motivational Interviewing
- Determination/Action
  - Problem solving

Relationship/Trust?
- Rapport building
### Skill Set and Elements

**Check only what you see or hear. Avoid giving the benefit of the doubt.**

**Electronic Medical Record Use**
- 1a. Uses 0-1 elements
- 1b. Uses 2 elements
- 1c. Uses 3 or more elements

**Maintains Relationship Throughout the Visit**
- 2a. Uses 0-1 elements
- 2b. Uses 2 elements
- 2c. Uses 3 or more elements

**Collaborative Front-End Agenda Setting**
- 3a. Uses 0-1 elements
- 3b. Uses 2 elements
- 3c. Uses 2 or 3 elements

**Maintains Efficiency Using Transparent (Out Loud) Thinking and Respectful Interruption**
- 4a. Uses 0 elements
- 4b. Uses 1 element
- 4c. Uses 2 or more elements

**Gathering Information**
- 5a. Uses 0-1 elements
- 5b. Uses 2 elements
- 5c. Uses 3 or more elements

**Assessing Patient or Family Perspective on Health**
- 6a. Uses 0-1 elements
- 6b. Uses 2 elements
- 6c. Uses 3 or more elements

**Notes:**

**Behavior Change/Self Management**
- 7a. Uses 0-1 elements or lectures patient
- 7b. Uses 2 elements
- 7c. Uses 3 or more elements

**Co-creating a Plan**
- 8a. Uses 0-1 elements
- 8b. Uses 2 elements
- 8c. Uses 3 or more elements

**Closure**
- 9a. Uses 0-1 elements
- 9b. Uses 2 elements
- 9c. Uses 3 or more elements

---

**Provider Centered Biomedical Focus**

- 10a. Uses 0-1 elements
- 10b. Uses 2 elements
- 10c. Uses 3 or more elements

**Patient Centered Biopsychosocial Focus**

- 11a. Uses 0-1 elements
- 11b. Uses 2 elements
- 11c. Uses 3 or more elements

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Contact Larry Mucklow for further information <Mucklow@uw.edu>
<table>
<thead>
<tr>
<th>Skill Set and elements</th>
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<th>Patient Centered Biopsychosocial Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Uses 0-1 element</td>
<td>12b. Uses 2 elements</td>
</tr>
</tbody>
</table>

**Closure**

- [ ] Asks for questions about today’s topics.
- [ ] Co-creates and prints a readable After Visit Summary
- [ ] Uses Teachback. = Asking the patient to explain his/her understanding of the plan
- [ ] Combines Teachback and AVS creation while sharing the screen or notepad. (Counts for 3 elements)
Family Centered Observation Form
FAMILY-CENTERED OBSERVATION FORM (ECOF)

Establishing Rapport with Patient (PT) and Family Member (FM)

- Introduced self to PT and FM if new
- Acknowledged PT and FM if known
- Identified other care providers in room
- Made appropriate eye contact
- Clarified relationship between PT and FM
- Briefly discussed non-medical topic or used humor

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

Family-Centered Agenda Setting

- Noted previous agenda items from:
  - (1) previous medical visit
  - (2) the electronic health record (EHR), or
  - (3) other care team members (e.g., MA or RN)
- Noted PT input on agenda ("Something else?")

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

Family-Centered Interviewing - Skills

- Skewed open- and closed-ended questions
- Reflective content to emphasize or clarify
- Sensitivity to matters of culture and diversity
- Appropriately used EMR during the visit
- Maintained neutrality and avoided taking sides

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

Family-Centered Interviewing - Process

- Assumed "present" (e.g., attentive, not rushed)
- Clarified relationship between PT and FM
- Maintained neutrality and avoided taking sides

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

Family-Centered Interviewing - Content

- Check if provider discussed the following family-centered topics with patient (PT) and/or family member (FM):
  - Family problems associated with PT's diagnosis
  - Family's history of similar problems
  - How the family adds support for the problem(s)
  - How the family adds stress to the problem(s)
  - How the family cultural affects the problem(s)

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

Family-Centered Care Planning

- Initiated questions from family members
- Developed plan with PT input and agreement
- Recognized and discussed for other professional help (family therapy, hospice, etc.)

- Novice (1-2 items checked)
- Emerging (3-4 items checked)
- Competent (5-6 items checked)

Comments:

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