

Resident: _____

Date: _____

Standardized LEP Mother: _____

KEY: S- Done Satisfactorily U- Done Unsatisfactorily N- Not Done

Communication and Interpersonal Skills (CIS)	S	U	N
Professional manner and rapport			
1. Introduces self: S= first and or last name U= NA N- nothing			
2. Describes role: S= I am a resident doctor U= I am a doctor; I am here to ask questions, here for? N= never describe role or status			
3. Establishes role of caregiver (mother, father, grandparent, foster parent?): S= done U= attempt not realized N= no attempt &/or not done			
4. Establishes rapport (appropriate eye contact, facial expressions, body language, tone of voice, appropriate physical contact, positive verbal reinforcement) S=normal social skills, (human to human contact; okay to be quiet and processes a little more slowly, respect, appropriate response to caregiver, aware personal space- account for year of resident and nervousness) U= tried but not successful, or lose role play, become inappropriate contact, behavior language, attitude) N=unable to make human to human contact, no attempt; cannot role play, inappropriate			
5. Conveys empathy- (can be verbal and or non verbal, validates caregivers feelings, express interest in the impact of illness for caregiver) S=appropriate response to role play, connect to caregiver and patient, appropriately normalized behavior U=tried but misread, inappropriate to role play- tried to make a personal connection but becomes more about them than caregiver/patient N:= treat you as puzzle to solve, or very clinical approach, sterile approach, ignoring or denying the emotional or physical aspect or caregiver concern- dismissive			

CIS (Communication and Interpersonal Skills)	S	U	ND
6. Professional demeanor (manner, dress and personal hygiene) refer to code S= done U= attempt not realized N= no attempt &/or not done			
Questioning skills	S	U	N
7. Gathers information systematically, does not jump around S= follows a logical flow within each segment U= logical flow to some segments- i.e. HPI was done well N= jumps around from segment to segment			
8. Interview/encounter is structured with a clear beginning, middle and end. S= logical flow of entire encounter U= some components related to each other N= no logical flow of encounter			
9. Uses transitional statements- sets context for each section of encounter- now I will ask you some questions about family history S= for major transitional points U=some transition but can miss significant N= no transition			
10. Asks one question at a time-(answer last question only- and link to question you are responding to) S= asks one question as a time, or self correct U= usually asks one question at a time N= rarely ask one question at a time			
11. Uses caregiver verbal and non verbal clues to progress, listens without interrupting, and appropriate use of silence S= attentive to the presentation and appropriately responsive U= attempted but not effective N= seems to be moving through internal check list without attending to caregiver presentation			
12. Leading questions- that puts words in caregiver's mouth S= a few leading questions but does not decrease effectiveness U= leading questions that decrease effectiveness N= habit of leading questioning			
13. Questions/responses implying judgment- that put caregiver on the defensive (personal sensitive issues, (i.e. smoking, domestic violence, poverty, custody issues, divorce) S= no judgmental questions or responses or ask/respond but effectively self corrects U= asks or responds and self corrects ineffectively N= questions or responding in way which is judgmental			
14. Sets a shared agenda S=occurs in beginning of the interview after assessing concerns about child U=occurs later or at the end or going out the door N= no agenda setting			

Questioning skills	S	U	N
15. Follows significant (positive or negative) responses with clarifying questions S= follow all U= follow some N=habit – no follow			
16. Summarizes data obtained back to caregiver at appropriate intervals S= logical/appropriate to the section or encounter to review with caregiver U=thinking aloud, reviewing lists N=never summarized			
Information sharing			
17. Uses language easily understood by caregiver, if uses jargon adds definition S= never used or uses and explains or corrects with one prompt U= used more than once but not always and/or late in correction N= habitual, not corrected			
18. Responsive to caregiver questions or concerns including does not know answer and offers to seek resources to answer S=able to offer reassurance without giving false hope- offers follow up, reassures to include workup U=confuses them, equivocate, attempts to answer N=give a definite answer to a question that they can not possibly answer at the time or false hope or causes great concern			
19. Checks caregiver understanding S=any questions for me, did you understand- at a time when there could be meaningful dialogue U=asks but no time for meaningful dialogue N= never asks			
20. Closure includes specific plans for future- what resident will do, what caregiver will do and next steps S=close so you know it is over, they have described a plan and how that will be followed-up U= quick closure, no clear plan, no clear follow up N= break role play, just walk out, or you need to tell them to go			
21. What to do if side effects develops or symptoms get worse S=clear plan as to what caregiver should be aware of and what they should do if situation worsens U= make attempt but no clear understanding of either what to look for or what to do N= don't address			

Would you bring your baby back for a visit with this doctor? YES NO

If no, why not?