BROWN INTERVIEW CHECKLIST

Facilitator initials_____ Interviewer_____ Observer_____ Date_____

For skills on a continuum, faculty may choose to give points anywhere on that continuum, and designate the appropriate score for that skill.

I. FLOW OF THE INTERVIEW

A) Opening

1) Prepares oneself for interview; puts aside other obligations; focuses attention on pt — YES ___ NO ___

2) Greets patient - i.e. Hello, Good Afternoon, etc.
   a) Verbal greeting — YES ___ NO ___
   b) Shakes hands — YES ___ NO ___

3) Introduces self, and role on the health care team. — YES ___ NO ___

4) IF APPROPRIATE: Attends to patient's comfort - physical position comfortable, noise and visual distractions minimized. — YES ___ NO ___ NA

5) IF APPROPRIATE: Minimizes distractions. — YES ___ NO ___ NA

6) IF APPROPRIATE: Asks the patient his/her understanding of the nature of the interview (i.e., teaching exercise, referral, etc.). — YES ___ NO ___ NA

7) Calibration - Assesses the patient's ability to communicate. — YES ___ NO ___

8) Invitation to speak - Starts with an open question or statement. (e.g., How can I help you? What problems brought you to the hospital?) — YES ___ NO ___

9) Allows patient to finish opening statement without interruption — YES ___ NO ___

B) Exploration of Problems (Information Gathering)

	FULLY EMPLOYS	PARTIALLY EMPLOYS	DOES NOT EMPLOY	
1) Survey - ascertains all major symptoms, concerns, and goals for visit (more appropriate for outpatient visit).	F.....	P.....	DN	
2) IF APPROPRIATE: Negotiates priorities for problems to be discussed.	F.....	P.....	DN	NA
3) Asks patient to tell the story of the illness from the beginning until now.	F.....	P.....	DN	
4) Focuses using open-to-closed cone: starts w/open question, then “tell me more”/ “what else” until all symptoms elicited; ends w/specific questions.	F.....	P.....	DN	
5) IF APPROPRIATE: Clarifies patient's unclear statements.	YES ___	NO ___	NA	
6) IF APPROPRIATE: Interrupts to redirect.	F.....	P.....	DN	NA
7) Avoids asking more than one question at a time.	F.....	P.....	DN	

OVER →

(**Exploration of Problems, Information Gathering, cont.)**	**FULLY EMPLOYS**	**PARTIALLY EMPLOYS**	**DOES NOT EMPLOY**
8) Segment Summary - Restates the content and/or feeling about an area of the patient's concern and checks accuracy.	F.....	P.....	DN
9) Transition - Acknowledges the transition from one area to another.	F.....	P.....	DN

C) Closing

1) Asks patient if he/she has any questions or comments.	YES ___	NO ___	
2) States appreciation for the patient's efforts in the interview.	YES ___	NO ___	
3) Shakes hands.	YES ___	NO ___	
4) IF APPROPRIATE: Makes appropriate follow-up arrangements.	YES ___	NO ___	NA

II. INTERPERSONAL SKILLS

A) Facilitation Skills

1) Eye contact - Appropriate length to enhance patient comfort.	YES ___	NO ___	
2) Open posture - Arms uncrossed, facing the patient.	F.....	P.....	DN
3) Head nod, "mm-hm," repeats the patient's last statement, etc.	F.....	P.....	DN
4) Uses silences to facilitate the patient's expression of thoughts and feelings.	YES ___	NO ___	

B) Relationship Skills (Conveying Empathy)

1) Reflection - Restates the patient's expressed emotion or inquires about emotions.	F.....	P.....	DN
2) Legitimation - Expresses understandability of the patient's emotions.	YES ___	NO ___	
3) Respect - Expresses respect for the patient's coping efforts or makes a statement of praise.	YES ___	NO ___	
4) IF APPROPRIATE: Support - Expresses willingness to be helpful to the patient in addressing his/her concerns.	YES ___	NO ___	NA
5) IF APPROPRIATE: Partnership - Expresses willingness to work together with the patient.	YES ___	NO ___	NA

III. PATIENT RESPONSES **OFTEN SOMETIMES SELDOM**

1) Patient appears engaged in the interview. | .....| .....|

2) Patient appears comforted and relaxed. | .....| .....|

3) Patient freely discusses his/her concerns. | .....| .....|

Comments:

IV. KEY CONTENT AREAS (check if discussed)

A) History of the Present Illness/Dimensions of Symptoms

1. Characteristics of symptoms
   - __ a) Onset
   - __ b) Location
   - __ c) Radiation
   - __ d) Quality
   - __ e) Severity (on a 0 – 10 scale)
   - __ f) Duration
   - __ g) Frequency
   - __ h) Modifying factors
   - __ i) Associated signs & symptoms
   - __ j) Past experience(s) with symptoms

__ 2. Context: What was the psychosocial context of the onset of the symptoms?

__ 3. Psychosocial consequences: how have the symptoms affected the patient's life?

B) Understanding the Patient's Perspective

1. Meaning of the illness: patient's ideas and concerns about causes ___, diagnosis __, and implications ___ of the illness?

__ 2. Main concerns – what are the patient's biggest worries?

C) Past Medical History

- __ 1. Medical
- __ 2. Surgical
- __ 3. OB/GYN
- __ 4. Psychiatric
- __ 5. Problems with drugs or alcohol
- __ 6. Injuries

7. Health Maintenance
   - __ Periodic Health Examinations
   - __ Immunizations
   - __ Injury Prevention (seat belts, texting/cell phone use while driving, etc.)

8. __ Allergies

9. __ Medications (including OTC, vitamins, herbals)

D) Family History

1. Illnesses in family members/deaths: dates and age at death

__Parents __Siblings __Children

__Ask if illnesses like diabetes, HT, heart disease, or cancer run in the family.

E) Psychosocial and Behavioral History

1. Living arrangements
   - __ With whom does the patient live?
   - __ How are things at home?
2. Support/secondary gains:
   - __ Are there people the patient can rely on for help?
   - __ How have family or friends responded to the illness?

__ 3. Significant other?
   - __ How is that going?

__ 4. Work/Daily activities?
   - __ satisfaction?
   - __ occupational risks (chemical, physical, emotional)

__ 5. Exercise: specific physical activity, frequency, and duration?

__ 6. Diet?

__ 7. Substance use:

	current?	past?
tobacco	____	____
Alcohol	____	____
Illicit drugs	____	____

__ 8. Financial concerns?

__ 9. Stress?

__ 10. Significant life events: deaths, divorces, etc.?

__ 11. Mood?
   - __ anxiety?
   - __ depression?

12. Sexual history/function:
   - __ currently sexually active?
   - __ sexual orientation?
   - __ risk assessment?
   - __ sexual problems or concerns?

__ 13. Ever any physical or sexual abuse?

F) Functional Status (If Appropriate)

Does the patient's health status interfere with:

__ 1. Taking care of him/herself (e.g. toileting, bathing, dressing)

__ 2. Daily activities (e.g. working, shopping, house cleaning, cooking)?

V. GENERAL COMMENTS: Use back of this page if needed.