

MASTER INTERVIEW RATING SCALE

UMass Medical School Standardized Patient Program

ITEM 1 - ORGANIZATION

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer structures the interview with a clear beginning, a middle, and end. In the opening, the interviewer identifies himself and his role and determines the agenda for the interview. The body of the interview consists of a series of topics (chief complaint, past history, etc.) pursued systematically. The interview is closed (quality of closure is judged later). | | The interviewer seems to follow systematically a series of topics or agenda items most of the time. However, parts of the interview might be better organized. OR The body of the interview is organized but there is no clear opening or no closure. | | The interview seems disjointed and unorganized. |

ITEM 2 - TIMELINE

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer obtains sufficient information so that a chronology of the chief complaint and history of the present illness can be established during written or oral presentation. The interviewer need not ask questions in a strictly chronological manner during data gathering. The chronology of any associated symptoms can also be established. | | The interviewer obtains only some of the information necessary to establish a chronology. He may fail to establish a chronology for any associated symptoms. | | The interviewer fails to obtain information necessary to establish a chronology. |

ITEM 3 - TRANSITIONAL STATEMENTS

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer utilizes transitional statements when progressing from one subsection to another which assure the patient that the information being sought is necessary and relevant, e.g. "Now I'm going to ask you some questions about your family because we find that there are certain diseases that occur among blood relatives, and it will help us to know what health risks are in your family." | | The interviewer sometimes introduces subsections with effective transitional statements, but fails to do so at other times. Some of the transitional statements used are lacking in quality, e.g., "Now I'm going to ask you some questions about your family." | | The interviewer progresses from one subsection to another in such a manner that the patient is left with a feeling of uncertainty as to the purpose of the questions. (No transitional statements are made.) |

ITEM 4 - QUESTIONING SKILLS - TYPE OF QUESTION

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer begins information gathering with an open-ended question. This is followed up by more specific or direct questions which allow him to focus in on the pertinent positive and negative points that need further elaboration. major line of questioning is begun with an open-ended question. No poor questions are used. | | The interviewer often fails to begin a line of inquiry with open-ended questions but rather only employs specific or direct questions to gather information. OR The interviewer uses a few leading, why, or multiple questions. | | The interviewer asks many why questions, multiple questions, or leading questions, e.g., "Your child has had diarrhea, hasn't he?". "You want your child to have a tetanus shot, each don't you?" |

ITEM 5 - PACING OF INTERVIEW

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer is attentive to the patient's responses. The interviewer listens without interruption; he allows the patient to complete responses and answer questions. The interview progresses smoothly with no awkward pauses. Silence may be used deliberately, if appropriate, to allow the patient to gather his thoughts or to consider &/or formulate an answer. | | The pace of the interview is comfortable some of the time, but the interviewer occasionally interrupts the patient and/or allows awkward pauses to break the flow of the interview. | | The interviewer frequently interrupts the patient, not allowing him to complete statements or answer questions; and/or there are awkward pauses which break the flow of the interview. |

ITEM 6 - QUESTIONING SKILLS - DUPLICATION

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer occasionally repeats questions or seeks duplication of information that has previously been provided only for purposes of clarification or summarization. | | The interviewer only rarely repeats questions. Questions are repeated as a result of the interviewer's failure to remember the data rather than for purposes of summarization or clarification. | | The interviewer frequently repeats questions seeking information previously provided because he fails to remember data already obtained. |

ITEM 7 - QUESTIONING SKILLS - SUMMARIZING

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer summarizes the data obtained at the end of <u>each</u> major line of inquiry or subsection (i.e., History of Present Illness, Past Medical History), in an effort to verify &/or clarify the information or as a precaution to assure that no important data are omitted. | | The interviewer sometimes summarizes the data at the end of some lines of inquiry but fails to do it consistently or completely. | | The interviewer fails to summarize any of the data obtained. |

ITEM 8 - QUESTIONING SKILLS - LACK OF JARGON

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer asks questions and provides information in language which is easily understood; content is free of difficult medical terms and jargon. If jargon is used, the words are <u>immediately defined</u> for the patient. Language is used that is appropriate to the patient's level of education. | | The interviewer occasionally uses medical jargon during the interview, failing to define the medical terms for the patient unless specifically requested to do so by the patient. | | The interviewer uses difficult medical terms and jargon throughout the interview. |

ITEM 9 - QUESTIONING SKILLS - DOCUMENTATION

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer always seeks specificity, documentation, and verification of the patient's responses, e.g.: P: "I am allergic to penicillin." I: "How do you know you are allergic? What kind of reaction have you had when you have had penicillin in the past?" The interviewer establishes quantities, frequencies and duration for habits (e.g., drinking "What do you drink? how much? how long?") and use of medications, including over-the-counter drugs. | | The interviewer at times will seek specificity, documentation, and verification of the patient's responses, but not always. | | The interviewer fails to seek documentation or verification of the patient's responses, accepting information at face value. |

ITEM 10 - RAPPORT-FACILITATIVE BEHAVIOR

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer puts the patient at ease and facilitates communication by using primarily non-verbal techniques including good eye contact, relaxed, open body language, an appropriate facial expression and tone of voice, and by eliminating physical barriers (such as sitting behind the desk or standing over a patient's bed). Verbal cueing (uh-huh, yes, go on..) or echoing a few words of the patient's last sentence is also used. When appropriate, physical contact is made with the patient. | | The interviewer makes some use of facilitative techniques but could be more consistent. One or two techniques are not used effectively, e.g., frequency of eye contact could be increased or some physical barrier may be present. | | The interviewer makes no attempt at putting the patient at ease. Body language is negative or closed or an annoying mannerism (foot or pencil tapping) intrudes on the interview. Eye contact is not attempted. |

ITEM 11 - RAPPORT - POSITIVE VERBAL REINFORCEMENT

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer provides the patient with intermittent positive verbal reinforcement and feedback, such as verbally praising the patient for proper health care technique. ("It's wonderful that you've stopped smoking.") Positive verbal re-inforcement should be content-specific. The interviewer also displays empathetic behavior and acknowledges the patient's stress or distress. ("That must have been very difficult for you.") The interviewer validates the patient's feelings. ("Anyone dealing with this problem would feel angry, etc.") | | The interviewer is neutral, neither overly positive or negative in dispensing feedback. He doesn't display much empathetic behavior or does so in a detached fashion. Verbal reinforcement could be used more effectively. | | The interviewer provides no support. He uses a negative emphasis or openly criticizes the patient (e.g., "I can't believe you smoked three packs a day.") |

ITEM 12 - PATIENT'S PERSPECTIVE

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer elicits the patient's perspective on his illness, including his beliefs and concerns about its etiology and his understanding about its treatment and prognosis. The interviewer specifically questions for hidden concerns. | | The interviewer elicits only some of the patient's perspective on his illness or his hidden concerns. | | The interviewer fails to elicit the patient's perspective, or to elicit any hidden concerns. |

ITEM 13 - IMPACT ON PATIENT AND FAMILY

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer inquires about the structure of the patient's family. He addresses the impact of the patient's illness and/or treatment on the patient, and on family members and family lifestyle. He then explores these issues adequately. | | The interviewer recognizes the impact of the illness or treatment on the patient, on family members, and on family lifestyle but fails to explore issues adequately. | | The interviewer fails to address the impact of the illness or treatment on the patient, on family members, and on family lifestyle. |

ITEM 14 - SUPPORT SYSTEMS

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer determines what support the patient feels he has now. The interviewer inquires about other resources available to the patient and family and suggests appropriate community resources . | | The interviewer may determine only some of the available support or may assume support without determining if it is actually available (e.g., "I'm sure your sister could help.") The interviewer may make referrals without discussing the patient's preferences. | | The interviewer fails to determine what support is currently available to the patient. |

ITEM 15 - IMPACT OF ILLNESS ON SELF-IMAGE

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| [5] | [4] | [3] | [2] | [1] |
| The interviewer inquires about the patient's feelings about his illness, it has changed his self image. | | The interviewer only partially addresses the impact of the illness on the patient's self-image. | | The interviewer fails to acknowledge any impact of how the illness on the patient's self image. |

ITEM 16 - PATIENT'S EXPECTATIONS

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer elicits the patient's expectations of the Dr./Pt. relationship including negotiation regarding short term goals, e.g. "What would you like to accomplish in this visit?" Expectations and negotiations for long-term goals may also be elicited. When patient education is a goal, the interviewer determines the patient's level of interest and | | The interviewer elicits only some of the patient's expectations. He may make some attempt to determine the interest in patient education but could be more thorough. | | The interviewer fails to elicit the patient's expectations, and fails to address the issue of patient education. |

provides education appropriately.

ITEM 17 - PATIENT'S UNDERSTANDING

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer uses deliberate techniques to check the patient's understanding of information given during the interview including diagnosis, treatment, or referrals. Techniques include: asking the patient to repeat information, asking if the patient has additional questions, posing hypothetical situations, or asking the patient to demonstrate techniques. | | The interviewer asks the patient if he understands the information but does not use a deliberate technique to check. | | The interviewer fails to assess the patient's level of understanding and does not effectively correct misunderstandings when they are evident. |

ITEM 18 - ADMITTING LACK OF KNOWLEDGE

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer, when asked for information or advice that he is not equipped to provide, admits to his lack of knowledge in that area but immediately offers to seek resources to resources to answer the question(s). | | The interviewer, when asked for information or advice that he is not equipped to provide, admits lack of knowledge, but only occasionally seeks other resources for answers. | | The interviewer, when asked for information which he is not equipped to provide, makes up answers in an attempt to satisfy the patient's questions but never refers to other |

ITEM 19 - RAPPORT - ENCOURAGEMENT OF QUESTIONS

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [5] | [4] | [3] | [2] | [1] |
| The interviewer encourages the patient to ask questions about the topics discussed. He also gives the patient the opportunity to bring up additional topics or points not covered in the interview, e.g., "We've discussed many things. Are there any questions you might like to ask concerning your problem? Is there anything else at all that you would like to bring up?" This is usually done at the end of the interview. | | The interviewer provides the patient with the opportunity to discuss any additional points or ask any additional questions but neither encourages nor discourages him, e.g., "Do you have any questions?". This is usually done at the end of the interview. | | The interviewer fails to provide the patient with the opportunity to ask questions or discuss additional points. The interviewer may discourage the patient's questions, e.g., "We're out of time." |

ITEM 20 - CLOSURE OF THE INTERVIEW

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| [5] | [4] | [3] | [2] | [1] |
| At the end of the interview the interviewer clearly specifies the future plans: what the interviewer will do (make referrals, order tests), what the patient will do (make diet changes, go to Physical Therapy) and the time of the next communication or appointment. | | At the end of the interview, the interviewer only partially details the plans for the future, e.g. "Some time you should bring in the name of the medicine you received," or "Call my secretary when you gather the information." | | At the end of the interview, the interviewer fails to specify the plans for the future and the patient leaves the interview without a sense of what to expect. |

ITEM 21 - WOULD YOU DO WHAT THIS DOCTOR ASKS YOU TO DO?

| | | | | |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|
| [5] Definitely Yes | [4] Probably Yes | [3] Not Sure | [2] Probably No | [1] Definitely No |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|

ITEM 22 - WOULD YOU RECOMMEND THIS DOCTOR TO A FRIEND WHO WANTED A DOCTOR WITH EXCELLENT COMMUNICATION SKILLS?

| | | | | |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|
| [5] Definitely Yes | [4] Probably Yes | [3] Not Sure | [2] Probably No | [1] Definitely No |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|

ITEM 23 - WOULD YOU MAKE A SPECIAL EFFORT TO SEE THIS DOCTOR?

| | | | | |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|
| [5] Definitely Yes | [4] Probably Yes | [3] Not Sure | [2] Probably No | [1] Definitely No |
|--------------------------|------------------------|--------------------|-----------------------|-------------------------|

ITEM 24 - HOW WOULD YOU COMPARE THE PERSONAL MANNER (COURTESY, RESPECTFULNESS, SENSITIVITY, FRIENDLINESS) OF THIS DOCTOR TO OTHER DOCTORS YOU HAVE SEEN?

| | | | | |
|---------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|
| [5] One of the best (10%) | [4] Above Average (20%) | [3] About Average (40%) | [2] Below Average (20%) | [1] One of the Worst(10%) |
|---------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------|

Throughout this interview rating scale, pronouns are presented in the masculine gender for grammatical simplicity. No sexism is intended.

Paula L. Stillman, M.D., 1975
Revised September 1989, Mary M. Philbin

We wish to acknowledge the assistance provided by William A. Damon, M.D., Assistant Professor Family and Community Medicine, UMMC.

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Item 1: Data Collection Skills

Would you rate the examiner's data collection skills, (including his ability to elicit information thoroughly and in an organized manner, to state questions clearly, and to document or verify information where necessary) as:

Excellent - Very good - Good - Barely adequate - Poor
5 4 3 2 1

Item 2: Communication Skills

Would you rate the examiner's communication skills (including his ability to provide thorough and accurate information in clear, appropriate language, and his encouragement of questions) as:

Excellent - Very good - Good - Barely adequate - Poor

5 4 3 2 1

Item 3: Rapport

Would you rate the examiner's ability to establish a good relationship (including listening carefully without interruption, asking thoughtful questions, encouraging the patient's in-put and facilitative behavior) as:

Excellent - Very good - Good - Barely adequate - Poor

5 4 3 2 1

Item 4: Personal Manner

Would you rate the examiner's personal manner (including courtesy, respectfulness, sensitivity and friendliness) compared to other doctors you have seen as:

| | | | |
|----------------------------------------|---------------------|------------------------|---------------------------|
| One of the Above Average best (10%) | Average (20%) (30%) | Below Average (20%) | One of the Worst (10%) |
| 5 | 4 3 | 2 | 1 |

Item 5: Satisfaction

Were you sufficiently satisfied with this examiner to see him again?

| | | | |
|--------------|--------------|------------|----|
| Definitely | Probably | Definitely | |
| Probably Not | Yes Yes Sure | No | No |
| 5 | 4 | 3 2 | 1 |

Comments:

c Mary M. Philbin, Paula L. Stillman, M.D., 1990