ITEM 1 - ORGANIZATION

[5] 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).

[4] 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.

[3] The body of the interview is organized but there is no clear opening or no closure.


[1]

ITEM 2 - TIMELINE

[5] 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.

[4] The interviewer obtains only some of the information necessary to establish a chronology. He may fail to establish a chronology for any associated symptoms.

[3] The interviewer fails to obtain information necessary to establish a chronology.

[2]

ITEM 3 - TRANSITIONAL STATEMENTS

[5] 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."

[4] 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."

[3] 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.)

[2]

ITEM 4 - QUESTIONING SKILLS - TYPE OF QUESTION

[5] 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.

[4] 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.

[3] The interviewer uses a few leading, why, or multiple questions.

[2] 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?"

[1]
<table>
<thead>
<tr>
<th>ITEM 5 - PACING OF INTERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &amp;/or formulate an answer.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 6 - QUESTIONING SKILLS - DUPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interviewer occasionally repeats questions or seeks duplication of information that has previously been provided only for purposes of clarification or summarization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 7 - QUESTIONING SKILLS - SUMMARIZING</th>
</tr>
</thead>
<tbody>
<tr>
<td>The interviewer summarizes the data obtained at the end of each major line of inquiry or subsection (i.e., History of Present Illness, Past Medical History), in an effort to verify &amp;/or clarify the information or as a precaution to assure that no important data are omitted.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM 8 - QUESTIONING SKILLS - LACK OF JARGON</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 immediately defined for the patient. Language is used that is appropriate to the patient's level of education.</td>
</tr>
</tbody>
</table>
ITEM 9 - QUESTIONING SKILLS - DOCUMENTATION

[5] 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.

[4] The interviewer at times will seek specificity, documentation, and verification of the patient's responses, but not always.

[3] The interviewer fails to seek documentation or verification of the patient's responses, accepting information at face value.

ITEM 10 - RAPPORT-FACILITATIVE BEHAVIOR

[5] 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.

[4] 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.

[3] 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

[5] 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 reinforcement 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.")

[4] 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.

[3] 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

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.

ITEM 13 - IMPACT ON PATIENT AND FAMILY

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.

ITEM 14 - SUPPORT SYSTEMS

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.

ITEM 15 - IMPACT OF ILLNESS ON SELF-IMAGE

The interviewer inquires about the patient's feelings about his illness, it has changed his self image.

ITEM 16 - PATIENT'S EXPECTATIONS

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...
ITEM 17 - PATIENT'S UNDERSTANDING

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.

ITEM 18 - ADMITTING LACK OF KNOWLEDGE

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 answer the question(s).

ITEM 19 - RAPPORT - ENCOURAGEMENT OF QUESTIONS

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.

ITEM 20 - CLOSURE OF THE INTERVIEW

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.
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.

UMASS Standardized Patient Program
Eric Jacobson, M.D., Medical Director
Wendy L. Gammon, M.Ed., M.A., Academic Director
Office of Medical Education
University of Massachusetts Medical School
(508)-856-4265

© University of Massachusetts Medical School, 1991 6 9/4/2015
**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 input 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 Not

Probably

Definitely

Yes Yes Sure

No

Not

Yes Yes Sure

5 4 3 2 1

Comments:

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