5 – MEETS ALL CRITERIA DESCRIBED IN “5”
Interviewer structures the interview with a clear and obvious beginning, middle and end.

Interviewer does not jump from topic to topic unnecessarily. The body of the interview consists of a series of topics (e.g., chief complaint, past history, etc.) pursued systematically.

Interviewer asks questions in an orderly manner.

The interviewer may ask many questions but stays within one topic to keep the interview organized.
For example, if interviewer asks questions regarding past attempts to quit smoking, the questions and discussion focus on that experience, getting all the information needed to “paint the picture”. Interviewer then moves on to another topic and follows the same, orderly process.

If the interviewer returns to a topic, it is done for the purpose of checking information. The interviewer may also return to a topic already covered if subsequent discussion indicates the interviewer should return to a previously addressed topic to gather additional information.

The interview has an obvious OPENING (quality is not judged here).
The interview has an obvious CLOSING (quality is not judged here).

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION- ONE error in any of the above, e.g.
Interviewer jumped between topics once or twice and not for purposes of checking information or gathering new information. All other criteria were met.

3 – THE INTERVIEWER SEEMS TO FOLLOW SYSTEMATICALLY A SERIES OF TOPICS MOST OF THE TIME.
Parts of the interview might be better organized, e.g.
Interviewer jumps between topics a few times and not for purposes of checking information or gathering new information. There is no obvious “opening” OR “closure” to the interview.
Interview consists of a body of questions without the “cap” of an opening or closing. The body of the interview is, however, fairly well organized.

2 – NO CRITERIA IN A “5” ARE MET WITH ONE OR TWO EXCEPTIONS.
Interviewer may jump between topics several times in a disjointed process that makes the interview seem disorganized. Some of the topics covered are difficult to identify because of the disorganization. However, the interview has a clear opening and closure, so there is have a recognizable “body”.
OR
Interviewer may jump between topics several times but may appropriately return to a topic once or twice for clarification purposes.
ORGANIZATION

Continued

1 – NO CRITERIA IN A “5” ARE MET
The interview fails to follow any sequence or process of questioning.

For example:
● Will rarely ask more than one or two questions in order following the same topic—no logical order is followed.

● There may be no closing (When the monitor knocks on the door, the interviewer gets up and leaves the room abruptly).

● Interviewer may “close” more than once----s/he may ‘wrap up’ the discussion and bring the interview to a close, then restart a line of questioning in areas already discussed, close again, etc.

● Interviewer may have “forgotten his manners” and “opens” the interview (introduction) in the middle----or even at the very end---of the interview after closing.

MIRS Scoring Pearls

ORGANIZATION

The “Body” of the interview consists of what topic(s) the interviewer covers between the opening and closing of the interview.

Base your scoring on what the interviewer covers in the body of the interview.
If the interviewer covers only ONE topic (for example, History of the Chief Complaint), evaluate the organization of this one topic.

DO NOT score down the interviewer here if other topics are not covered.
For example, if the student does not explore Past Medical History or Family History and should—do not score the “missing topics” here. These omissions will be reflected in items missed on the History Content Checklist.

A “5” may be given if there is a clear and obvious opening and closing, and the information gathered on ONE topic (e.g. Chief Complaint) is done in an orderly and systematic manner.

DO NOT score the organization of the physical exam here.
If the student performs a poorly organized physical exam, score that on the physical exam checklist item on the Professionalism Checklist.

The MIRS reflects communication skills and ORGANIZATION should be confined to the elements of the interview.
QUESTIONING SKILLS - TYPES OF QUESTIONS

5 – MEETS ALL CRITERIA DESCRIBED IN “5”
The interviewer begins information gathering with at least two open-ended questions.
The first typical question “What brings you to the doctor today” question can begin the interview but more open-ended questions need to follow to get the patient to “tell the story.”

This is followed by a comfortable mix of more specific and direct questions to allow the interviewer to focus in on the pertinent positive and negative points that need further elaboration or clarification.

Each major line of questioning is begun with an open-ended question.

NO poor questions are used.

QUESTION TYPES
“Tell me about your cough.”
Interviewer asks an OPEN-ENDED “tell me about” question at the beginning of a focused OSCE-type interview (after the introduction). In addition, in longer interviews, when each topic is approached, interviewer opens that line of questioning with an open-ended question.

What are you taking for your cough?
Interviewer uses SPECIFIC questions----questions that have ‘specific’ answers. These questions are asked to “fill in” missing information the interviewer needs once you have answered your “tell me about” open-ended question.

“Is the cough medicine helping you?”
Interviewer uses DIRECT questions---questions that are answered with a simple “yes” or “no”. These are part of a mop-up operation, filling in any missing information.

There is an effective, comfortable balance of open, specific and closed questions.
Interviewer is not “top heavy”, using an excessive number of any one type of question.

NO LEADING questions that ‘put words into your mouth’, leading you to quickly agree without thinking about what you have just been asked. “I’m sure someone as busy as you wouldn’t have time to go to support group meetings at night.”

NO JUDGMENTAL (“why”) questions that put you on the defensive. “Why didn’t you quit smoking last year after you were so ill?”

• NO MULTIPLE questions that include many options.
“Have you tried the patch, gum, hypnotherapy, support groups; you know, stuff like that to help you quit smoking?”
QUESTIONING SKILLS - TYPES OF QUESTIONS

Continued

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION.
  e.g.,
  Begins interview with one open-ended question without asking follow up open-ended question.
  OR
  Asks one poor question;
  OR
  Does not start ONE line of questioning with an open-ended question;
  OR
  There is a slight imbalance in the mix of specific and direct questions.

3 – Two or three times, the interviewer fails to begin a line of inquiry with an open-ended question but rather only employs specific or direct questions to gather information.
  OR
  There is an obvious imbalanced “funnel” of open, specific and direct questions.
  OR
  The interviewer using a few leading, why or multiple questions (poor types of questions).

2 – NO CRITERIA IN A “5” ARE MET WITH ONE OR TWO EXCEPTIONS.
  e.g.,
  Several poor questions are asked but interviewer opens the interview with 2 open-ended questions;
  OR
  Interviewer uses open-ended questions to start the interview but fails to use them when opening additional lines of questioning during the encounter;
  OR
  Interviewer uses all specific and direct questions to gather information but uses one good open-ended question to start the interview;
  OR
  Uses several poor questions but used one open-ended question during the encounter.

1 – NO CRITERIA IN A “5” ARE MET
  e.g., Uses no open-ended questions; heavy imbalance of question types—uses all direct or all specific questions to gather information; uses several poor questions.
**PACING OF INTERVIEW**

5 – MEETS ALL CRITERIA DESCRIBED IN “5”
The interview demonstrates GOOD ACTIVE LISTENING SKILLS:
Attentive to the patient’s responses.
Listens without interruptions.
Allows patient to complete responses and answer questions.
If the interviewer interrupts, s/he apologizes and allows the patient to complete the thought. An excused interruption like this should happen once.
The interview progresses smoothly with no awkward pauses.
Silence may be used deliberately, if appropriate, to allow the patient to gather thoughts, reflect and/or consider and formulate an answer.
The pace feels “right” and is comfortable throughout the interview.

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION.
ONE of the active listening skills described above is not used effectively, e.g.
Interrupts patient again after apologizing the first time.
OR
Interrupts patient once without apologies.
OR
One awkward pause not for thoughtful purposes or providing space for the patient to reflect.
OR
The overall pace was slightly too rapid.
OR
The overall pace was slightly too slow.

3 – THE PACE OF THE INTERVIEW IS COMFORTABLE SOME OF THE TIME, but the interviewer:
Occasionally (3 or 4 times) interrupts the interviewer, even with apologies.
Allows more than one awkward pause to break the flow of the interview.
OR
The overall pace was moderately too rapid and distracting to the flow.
OR
The overall pace was moderately too slow and distracting to the flow.

2 – NO CRITERIA IN “5” ARE MET WITH ONE OR TWO EXCEPTIONS, e.g.
Multiple interruptions but may have used one appropriate reflective pause with the patient.
OR
Either “speeding” or “snail pace” for the majority of the interview, but adjusts towards the end of the interview.

1 – NO CRITERIA IN “5” ARE MET
The interviewer may frequently interrupt the patient, not allowing him to complete statements or answer questions.
There may be multiple awkward pauses that break the flow of the interview.
No reflective pauses used though there are appropriate moments to do so;
Awkward pauses are there clearly due to interviewer’s loss of direction.

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Extremely rapid or slow pace throughout the interview that distracts from the flow.

**MIRS Scoring Pearls**

**PACING**

**DO NOT** score down on PACING if the student runs out of time. The flow of the interview may have been very comfortable but the student may not have managed time effectively or may not have directed the discussion to focus on what needed to be elicited or performed. If a student runs out of time, what was NOT covered will be reflected on the History Content Checklist.

**DO NOT** score down on PACING if the flow of the physical exam was poor. If the student rushes or drags through the physical exam, score that on the physical exam checklist item on the Professionalism scale.

The MIRS reflects communication skills. PACING should be confined to the elements of the interview.
FACILITATIVE BEHAVIOR

5 – MEETS ALL CRITERIA DESCRIBED IN “5”

The interviewer uses GOOD NON-VERBAL ACTIVE LISTENING SKILLS to put the patient at ease and facilitate communication by using primarily non-verbal techniques, including overall eye contact; relaxed, open body language; an appropriate facial expression and tone of voice; and, eliminating physical barriers such as sitting behind the desk or standing over a patient’s bed.

Interviewer uses verbal cueing to encourage the patient to continue talking, e.g. “Uh-huh”; “Yes, go on”;

Interview may echo a few words of the patient’s last sentence.

All of the following are used appropriately and consistently throughout the interview:

- **Eye Contact**
- **Facial Expression**
- **Positive Body language** (good: arms unfolded, feet on the floor, leaning in toward patient)
- **No Physical Barriers** [good: no large desk between interviewer and patient]
- **Tone of Voice** [good: serious tone of voice if a bad news case]
- **Appropriate Physical Contact** [good: touching patient’s arm if delivering bad news]
- **Verbal Cueing** [good: “uh-huh, I see.” It encourages a hesitant patient to continue speaking.]
- **No annoying distracting mannerisms**: (tapping pencil, excessive writing, looking at watch often, etc.)

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION.

Interviewer uses all non-verbal techniques but ONE. This does not have a major negative impact, Eye contact is a key non-verbal skill in a medical interview and must be good to earn a “4”.

3 – The INTERVIEWER MAKES USE OF SOME OF the 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.

2 – NO CRITERIA IN “5” ARE MET WITH ONE OR TWO EXCEPTIONS.

FOR EXAMPLE:

There may be reasonably good eye contact but is not consistent, and no other good facilitative behavior techniques described above are used effectively.

1 – NO CRITERIA IN “5” ARE MET

1 = Facilitative behavior is not used effectively used at any point during the interview.
ENCOURAGEMENT OF QUESTIONS

5 – MEETS ALL CRITERIA DESCRIBED IN “5”
The interviewer encourages the patient to ask questions by asking the patient if there are any questions.

Interviewer may ask for any questions at intervals during the interview or towards the end of the interview after information has been gathered.

The interviewer 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 you would like to bring up?”

Encouraging the patient to discuss other concerns is usually done at the end of the interview.

The interviewer clearly makes an effort to satisfactorily respond to the patient’s questions and address any concerns by asking follow up questions or encouraging a discussion.

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION.
FOR EXAMPLE:
Interviewer asks the patient for questions and satisfactorily responds to any asked, but does not ask if there are other issues the patient would like to discuss.

OR
Interviewer asks the patient if there are other concerns to be discussed and explores them but does not ask if the patient has any questions about today’s medical problem.

3 – INTERVIEWER ASKS IF THERE ARE QUESTIONS and may provide the patient with the opportunity to discuss any additional points but neither encourages nor discourages the patient to do so, e.g., “Do you have any questions?” “Any questions?” This is usually done at the end of the interview.

OR
Interviewer asks for questions and concerns and may verbally acknowledge what the patient has asked or expressed: “That’s a good question.” or “I understand why that would be a real concern for you.” The interviewer however moves on without giving a response or encouraging discussion.

OR
This interviewer may ask the patient for questions or concerns but the interview has clearly finished and the interviewer may even be exiting the room, so the patient does not feel encouraged to ask a question or express a concern.
ENCOURAGEMENT OF QUESTIONS

Continued

2 – NO CRITERIA IN “5” ARE MET WITH ONE OR TWO EXCEPTIONS.
Interviewer does NOT ask the patient if there are any questions.

The patient may voluntarily ask a question and the interviewer acknowledges the question without actually answering: “We can talk about that later.” The interviewer fails to follow up and answer the question.

OR

Interviewer does NOT ask the patient if there are additional issues to be discussed. The patient volunteers an underlying concern and the interviewer acknowledges it without exploring it. “Yes, I see. That’s interesting”.

1 – NO CRITERIA IN “5” ARE MET
Interviewer does NOT ask the patient if there are any questions or concerns.

The interviewer fails to provide the patient with the opportunity to ask questions or discuss additional points.

The patient volunteers a question or expresses a concern and the interviewer may discourage the patient, e.g., “We’re out of time” or “You don’t need to know that information, why are you concerned about that?”

RAN OUT OF TIME – “Time” is called before the interviewer reaches the point in the encounter when the patient would be asked for questions or concerns, i.e., after history gathering and the physical exam but before the closure.
ENCOURAGEMENT OF QUESTIONS

Continued

MIRS Scoring Pearls
ENCOURAGEMENT OF QUESTIONS

To earn at least a “3” - Interviewer must voluntarily ask the patient if there are any questions.
The score may move up to a “4” or “5” depending on how well the student responds or attempts to respond to the question(s).

The best score of “5” is awarded if the student:
Asks if there are questions;
Answers the questions;
Explores a bit with a follow up related question or comment;
Asks the patient if there other questions or concerns; and
Responds to those other questions or concerns.

Interviewer should NOT be awarded a score above a “2” if:
Interviewer refuses to answer a patient’s question;
Puts off the question until ‘later’ and does not later answer the question;
Demeans or patronizes a patient’s question or concern.

It is acceptable to ask the patient for questions or concerns at intervals throughout the interview.
Ideally, interviewer should ALSO ask for questions or a concern towards the end of the interview after all information has been elicited, physical exam done and closure items covered.

If a student asks for questions throughout the encounter but did NOT ask for questions towards the end of the encounter, Interviewer should be given a “4” and discuss in feedback the importance of final questions as a “wrap up” for the patient.

If a student invites the patient at the beginning to “feel free to ask any questions as we go along today” and does not ask for questions or concerns again, the interviewer should be awarded a “3” and given feedback.
POSITIVE VERBAL REINFORCEMENT

5 – MEETS ALL CRITERIA DESCRIBED IN “5”

The interviewer provides the patient with intermittent positive verbal reinforcement and feedback. For example, praising the patient for proper health care technique: “It’s wonderful that you’ve stopped smoking.”

The interviewer also displays empathetic behavior and acknowledges the patient’s stress or distress: “That must have been so difficult for you.”

The interviewer verbally validates the patient’s feelings: “Anyone dealing with this problem would feel angry. I can understand how you feel.”

Positive verbal reinforcement should be content-specific. “Gee, you poor thing” can be interpreted as shallow or patronizing.

Interview should demonstrate EMPATHY rather than SYMPATHY.

4 – MEETS ALL CRITERIA DESCRIBED IN “5” WITH ONE EXCEPTION.

For example, the interviewer may have offered some verbal encouragement, empathy or support at some moments when it was called for, but failed to do so at another time in the encounter when it would have been appropriate.

3 “CLINICAL NEUTRAL”

The interviewer seems neutral, neither overly positive nor negative in dispensing feedback or giving verbal reactions to a patient’s pain or distress.

Interviewer doesn’t display much verbal empathetic behavior, or if done, does so in a detached or “clinical neutral” fashion.

Words of empathy and encouragement may be spoken but are delivered in a rather detached manner that seems to indicate that words spoken may not be meant by the interviewer.

Verbal reinforcement is given but could clearly be used more effectively and with meaning.

2 – NO CRITERIA IN “5” ARE MET WITH ONE OR TWO EXCEPTIONS.

There are multiple moments when empathy could be demonstrated and interview makes ONE rather detached “acknowledgement” of distress OR

Interviewer makes a “positive verbal reinforcement” comment that borders on the “negative” and is more “negative neutral”, even “scolding” the patient, e.g. “It’s a good thing you’re here. You should have come in sooner and we could have prevented this infection from getting so bad.”
1 – NO CRITERIA IN “S” ARE MET
The interviewer provides NO verbal support when there were moments in the encounter when it would have been appropriate, e.g.,
When the patient is examined and expressed pain, the interview did not verbally respond or offer any comforting words.

Interviewer may make negative, openly critical, patronizing or even insulting comments to the patient when offering a “back-handed” compliment, e.g.,
“It’s a good thing you quit smoking because you were crazy to smoke 3 packs a day!”