

## Appendix C

### MEDICAL INTERVIEW RATING SCALE C - Established Sick Visit

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

EVALUATOR \_\_\_\_\_

#### Data Collection And Interview Skills

##### \_\_\_\_\_ History of Present Illness

- \_\_\_\_\_ How long has child been ill
- \_\_\_\_\_ Chronological explanation of signs and symptoms
- \_\_\_\_\_ Any associated symptoms
- \_\_\_\_\_ Activity level of the child
- \_\_\_\_\_ Appetite for solids or liquids
- \_\_\_\_\_ Pertinent review of systems
- \_\_\_\_\_ Pertinent family history (i.e. asthma in a wheezer)
- \_\_\_\_\_ Exposure to other ill human and/or pet contacts
- \_\_\_\_\_ Has patient had this illness before?
- \_\_\_\_\_ Immediate intervention if needed

\_\_\_\_\_ Inquired about relevant Past Medical History

\_\_\_\_\_ Medications (prescribed and over the counter)

##### \_\_\_\_\_ Physical Examination

- \_\_\_\_\_ Chooses best setting to examine child (parent's lap, examine table)
- \_\_\_\_\_ Undresses the child (exposes necessary body parts)
- \_\_\_\_\_ Observes the child, before proceeding with hands on exam
- \_\_\_\_\_ Age appropriate sequence
- \_\_\_\_\_ Focuses on all areas included in presenting complaint
- \_\_\_\_\_ Examines related organ systems as suggested by history
- \_\_\_\_\_ Technically correct
- \_\_\_\_\_ Demonstrates appropriate restraint techniques to enable complete exam
- \_\_\_\_\_ Demonstrates distraction techniques
- \_\_\_\_\_ Respects patient's/parent's fears and anxieties
- \_\_\_\_\_ Requests Chaperon when appropriate
- \_\_\_\_\_ Developmental assessment where indicated

#### Interview Process

##### \_\_\_\_\_ Opening

- \_\_\_\_\_ Identified himself/herself/acknowledges patient
- \_\_\_\_\_ Tells patient/parent what one is looking for/purpose/focus

##### Interview Process, cont.

##### \_\_\_\_\_ Structure of Questioning

- \_\_\_\_\_ Proceeded from general to specific
- \_\_\_\_\_ Rate/pace, interruptions, clarity, concreteness

- \_\_\_\_\_Adapted level of vocabulary
- \_\_\_\_\_Unbiased questions
- \_\_\_\_\_Absence of verbal idiosyncrasies
- \_\_\_\_\_Maintains control of the interview
- \_\_\_\_\_Use of time
- \_\_\_\_\_Integration
  - \_\_\_\_\_Summarizes patient's/parents problems
  - \_\_\_\_\_Avoids repeating what was just said
  - \_\_\_\_\_Makes effective use of transitional statements
- \_\_\_\_\_Closing
  - \_\_\_\_\_Summary - explanation of findings, observations, recommendations
  - \_\_\_\_\_Makes certain that instructions are understood (not just "yes/no")
  - \_\_\_\_\_Requests last minute disclosures/questions/concerns

#### Establishment of Rapport

- \_\_\_\_\_Listening Behavior
  - \_\_\_\_\_Made eye contact (head and face)
  - \_\_\_\_\_Maximizes seating arrangement
    - \_\_\_\_\_Use of chart (ex. shows growth chart, checks on medication)
    - \_\_\_\_\_Awareness of patient's verbal/nonverbal cues/comfort
    - \_\_\_\_\_Student's body posture
  - \_\_\_\_\_Perceived to be actively listening (head nods, verbal reinforcers - uh-huh)
    - \_\_\_\_\_Avoids frequent and lengthy pauses without prior explanation
    - \_\_\_\_\_Avoids excessive writing during the interview
- \_\_\_\_\_Demeanor
  - \_\_\_\_\_Demonstrates poise and confidence, appears natural
  - \_\_\_\_\_Sensitivity
  - \_\_\_\_\_Positive and non-judgmental attitude
  - \_\_\_\_\_Aware of patient's/parent's agenda
  - \_\_\_\_\_Recognizes patient's/parent's feelings
  - \_\_\_\_\_Recognizes one's own feelings
- \_\_\_\_\_Supportive behavior
  - \_\_\_\_\_Positive tone of voice
  - \_\_\_\_\_Use of verbal reinforcers
  - \_\_\_\_\_Appropriate use of reassurance
  - \_\_\_\_\_Reflection of patient's/parents feelings when appropriate, paraphrases
  - \_\_\_\_\_Shares feelings when appropriate
  - \_\_\_\_\_Uses silence and pauses
  - \_\_\_\_\_Uses confrontation

Comments: