

Feedback Handout for Observer

Areas to Improve	Good	Amazing!
Clinician needs to refer to chart continually to familiarize self with case or does not relate current visit with patient's history or chart.	Clinician makes some reference to past visits or history, but familiarity with these does not seem strong.	Clinician indicates clear familiarity with patient's previous clinical notes (e.g. mentions recent test performed or information based on previous notes)
Greeting of patient is cursory, impersonal, or non-existent.	Patient is greeted in manner that recognizes patient, but without great warmth or personalization.	Patient is greeted in manner that is personal and warm (e.g., clinician asks patient how s/he likes to be addressed, uses patient's name).
The clinician tries to identify the problem(s) using primarily closed-ended questions.	The clinician tries to identify the problem(s) using a combination of open and closed ended questions (possibly begins with open-ended but quickly reverts to closed ended).	The clinician tries to identify the problem(s) using primarily open-ended questions (asks questions in a way that allows patient to tell own story with minimum of interruptions or closed ended questions).
The clinician immediately pursues the patient's first concern without an attempt to discover other possible concerns of the patient's.	The clinician makes some reference to other possible complaints, or asks briefly about them before pursuing the patient's first complaint, or generates an agenda as the visit progresses.	The clinician attempts to elicit the full range of the patient's concerns by generating an agenda early in the visit (clinician does other than simply pursue first stated complaint).
Clinician makes no attempt/shows no interest in understanding the patient's perspective.	Clinician shows brief or superficial interest in understanding the patient's understanding of the problem.	Clinician shows great interest in exploring the patient's understanding of the problem (e.g., asks the patient what the audiological issue mean to him/her).
Clinician makes no attempt to determine/shows no interest in how the problem is affecting patient's lifestyle.	Clinician attempts to determine briefly/shows only some interest in how the problem is affecting patient's lifestyle.	Clinician attempts to determine in detail/shows great interest in how the problem is affecting patient's lifestyle (work, family, daily activities).

Adapted from: Krupat, E., Frankel, R., Stein, T., & Irish, J. (2006). The Four Habits Coding Scheme: validation of an instrument to assess clinicians' communication behavior. *Patient education and counseling*, 62(1), 38-45.