

Feedback Handout for Observer (continued on next page)

Areas to Improve	Good	Amazing!
Clinician frames diagnosis and information in terms that fit the clinician's frame of reference rather than incorporating those of the patient.	Clinician makes cursory attempt to frame diagnosis and information in terms of patient's concerns.	Clinician frames diagnostic and other relevant information in ways that reflect patient's initial presentation of concerns.
Clinician gives information and continues on quickly with giving patient opportunity to react (impression is that this information will not be remembered properly or fully appreciated by the patient).	Clinician pauses briefly for patient reaction, but then quickly moves on (leaving the impression that the patient may not have fully absorbed the information).	Clinician pauses after giving information with intent of allowing patient to react to and absorb it.
Information is stated in ways that are technical or above patient's head (indicating that the patient has probably not understood it fully or properly).	Information contains some jargon and is somewhat difficult to understand.	Information is stated clearly and with little or no use of jargon.
Clinician offers/orders tests and treatments, giving little or any rationale for these.	Clinician only briefly explains the rationale for tests and treatments.	Clinician clearly explains the rationale behind the tests and recommendations so that the patient can understand the significance of these management options.
Clinician makes no effort to determine whether the patient has understood what has been said.	Clinician briefly or ineffectively tests for the patient's comprehension.	Clinician effectively tests for the patient's comprehension.

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Provider shows no interest in having patient's involvement or actively discourages/ignores patient's efforts to be part of decision making process.	Clinician shows little interest in inviting the patient's involvement in the decision-making process, or responds to the patient's attempts to be involved with relatively little enthusiasm.	Clinician clearly encourages and invites patient's input into the decision making process.
Clinician offers recommendations for treatment with little or no attempts to elicit patient's acceptance of (willingness or likelihood of following) the plan.	Clinician makes brief attempt to determine acceptability of treatment plan, and moves on quickly.	Clinician explores acceptability of treatment plan, expressing willingness to negotiate if necessary.
Clinician does not address whether barriers exist for implementation of treatment plan.	Clinician briefly explores barriers to implementation of treatment plan.	Clinician fully explores barriers to implementation of treatment plan.
Clinician makes no attempt to solicit additional questions from patient or largely ignores them if made unsolicited.	Clinician allows for additional questions from patient, but does not encourage question asking nor respond to them in much detail.	Clinician openly encourages and asks for additional questions from patient (and responds to them in at least some detail).
Clinician makes no reference to follow-up plans.	Clinician makes references to follow-up, but does not make specific plans.	Clinician makes clear and specific plans for follow-up to the visit.

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.