

CAE LearningSpace™ - Case Manager

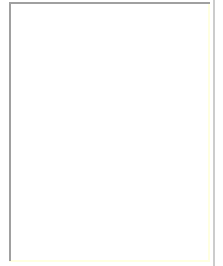
AY22-23 Sample Checklist (Sample)

SP

HISTORY (HISTORY)

<p>1. Examiner discussed initial diagnostic impressions OFFERED SUGGESTIONS AS TO WHAT MAY BE CAUSING YOUR MEDICAL PROBLEM:</p> <p>(SP: These are GENERIC EXAMPLES only and may not be relevant to this case):</p> <ul style="list-style-type: none">- Given your symptoms I believe you may have a lung infection.- There are a number causes of abdominal pain including gallbladder, stomach or intestinal problems.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<p>2. Examiner discussed tests /consults to assist diagnosis and care -- SHOULD BE SPECIFIC ABOUT THE TEST OR CONSULT OR SPECIFY WHAT THE TEST IS EVALUATING OR Examiner discussed initial management plan. HOW THE PATIENT'S MEDICAL PROBLEM WILL BE MANAGED BY THE STUDENT AND/OR WHAT THE STUDENT ADVISES PATIENT TO DO TO INITIALLY MANAGE THE MEDICAL PROBLEM (give credit for any, offer feedback on the scope and clarity of explanation)</p> <p>(SP: These are GENERIC EXAMPLES only and may not be relevant to this case):</p> <ul style="list-style-type: none">- We will have some blood work done to see if you have an infection.- I would like you to see a tobacco/smoking cessation counselor.- Let's change your blood pressure medications.- Please reduce the amount of salt you use and get into an exercise program.- I want to admit you to the hospital so we can monitor your chest pain.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
<p>3. Examiner discussed next steps / follow-up office visit / communication plan. WHAT THE EXAMINER WILL DO NEXT OR THE NEXT TIME YOU AND THE DOCTOR WILL SEE EACH OTHER (follow up visit) OR COMMUNICATE (phone call, email, or by mail) AFTER THE CURRENT ENCOUNTER:</p> <p>(SP: These are GENERIC EXAMPLES only and may not be relevant to this case):</p> <ul style="list-style-type: none">- I will speak with my preceptor now about your symptoms/current medical problem AND WE WILL COME BACK TO TALK TO YOU.	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

- A phone call or letter will follow with your mammogram results.
- I would like to see you back in 6 months to review the progress of your new diet.
- If you should develop this sudden back pain again, I want you to go straight to the Emergency Room.



COMMUNICATION (COMMUNICATION)

4. Examiner introduces self (FIRST AND/OR LAST NAMES) <i>Notes:</i> Give credit for first name only and offer feedback.	() Yes
	() No
5. Examiner explains their role or position	() Yes
	() No
6. Examiner asks or uses patient's name	() Yes
	() No
7. ORGANIZATION Focuses on structure. Quality is judged in other areas of the checklist. 3. The interviewer structures the interview with a clear beginning, a middle, and end. In the opening, the interviewer identifies themselves and 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). 2. 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 OR the body of the interview is organized but there is no clear opening or no closure. 1. The interview seems disjointed and unorganized.	() Three () Two () One
8. TYPES OF QUESTIONS 3. The interviewer begins information gathering with an open-ended question (and follow up example tell me more, go on). This is followed up by more specific and direct questions which allow them to focus in on the pertinent positive and negative points that need further elaboration. Begins with an open-ended question. No poor questions (e.g., leading/negative questions or judgmental questions or multiple question questions are used.) An even balance of the good questions and NO POOR QUESTIONS. 2. There is a balance of the open-ended, specific and direct questions. There are one to two poor questions. 1. There were multiple errors, including a noticeable imbalance in question types AND There were several poor questions asked (multiple, leading, judgmental, etc.)	() Three () Two () One
9. PACING 3. The interviewer is attentive to the patient's responses. The interviewer listens without interruption; allows the patient to complete responses and answer questions. The interview progresses smoothly with no awkward and/or unexplained pauses. Silence may be used deliberately, if appropriate, to allow the patient to gather thoughts or to consider &/or formulate an answer. 2. The pace of the interview is comfortable some of the time, but the interviewer occasionally interrupts the patient and/or allows awkward pauses to break the flow of the interview. However, you still found a "positive" flow during the interview even though there may have been a few interruptions and/or awkward pauses. 1. The interviewer frequently interrupts the patient, not allowing them to complete statements or answer questions, and/or there are awkward pauses which breaks the flow of the interview.	() Three () Two () One
10. FACILITATIVE BEHAVIOR 3. 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	() Three

<p>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.</p> <p>2. The interviewer makes use of some 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.</p> <p>1. 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.</p>	<p><input type="radio"/> Two</p> <p><input type="radio"/> One</p>
<p>11. POSITIVE VERBAL REINFORCEMENT</p> <p>3. 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.")</p> <p>2. The interviewer is neutral, neither overly positive nor negative in dispensing feedback. Doesn't display much empathetic behavior or does so in a detached fashion. Verbal reinforcement could be used more effectively.</p> <p>1. The interviewer provides no support. Uses a negative emphasis or openly criticizes the patient (e.g., "I can't believe you smoked three packs a day.")</p>	<p><input type="radio"/> Three</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> One</p>
<p>12. ENCOURAGEMENT OF QUESTIONS</p> <p>3. The interviewer encourages the patient to ask questions about the topics discussed AT LEAST TWICE. 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 MAY BE DONE DURING AND OFTEN IS at the end of the interview.</p> <p>2. The interviewer provides the patient with the opportunity to discuss any additional points or ask any additional questions ONE TIME but neither encourages nor discourages THEM, (e.g., "Do you have any questions?").</p> <p>1. The interviewer fails to provide the patient with the opportunity to ask questions or discuss additional points. The interviewer may discourage the patient's questions.</p>	<p><input type="radio"/> Three</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> One</p>

PROFESSIONALISM (PROFESSIONALISM)

<p>If you mark a rating of "Concern" you must specify the objective behavior(s) in the space provided at the end of the section; these will be used by faculty in review of videos. Please note relevant areas of praise below; these will be shared with the learners.</p>	
<p>13.</p> <p>OVERALL CONDUCT (includes demonstrating respect, use of language and efforts towards patient comfort)</p>	<p><input type="radio"/> No Concern</p> <p><input type="radio"/> Concern</p>
<p>14.</p> <p>If you chose "concern" or have any other constructive feedback, you must include specific behaviors here.</p>	

15.

Please share any particularly positive student behaviors related to professionalism.