Element	Year 1	Year 2	Clerkships	Evaluation
Opening the Discussion	•Introduces Self •Greets, shows interest in Pt as a person •Identifies when to use an interpreter •Demonstrates effective work with interpreters •Obtains Pt consent for interview •Accommodates patient comfort and privacy •Explains his/her role and purpose of the interview •Explains or negotiates an agenda for visit •Allows pt to complete opening statement •Elicits a full list of Pt's symptoms and concerns	Enhances patient participation in the encounter by facilitating the development of a mutually agreed upon agenda that includes both the patient's and the student's priorities Aware of time constraints in the encounter	Demonstrates ability to direct patients who present with more than one concern Demonstrates flexibility in discussing patients' concerns in order of the patients' priority Able to direct conversation with consideration of time constraints at the outset Adds clinician's concerns to the list of patient's concerns Incorporates biomedical and psychosocial concerns	Observation, feedback, evaluation and reflection by peers, faculty and self, using: videotape analysis, small group observation, triad interviewing with SPs, role plays, patient interviews with "bedside" observation, Ratings by SPs, and patients Quarterly SP final examinations 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others Self assessment by learners
Building the Relationship	•States why relationship building is key to medical care •States the key principles of relationship building •Demonstrates basic relationship building skills • Establishes initial rapport •Uses tone, pace, eye contact and posture showing care and concern •Uses words that show care and concern •Avoids technical jargon •Establishes patient comfort •Elicits and addresses emotional content	Demonstrates integration of relationship building skills into the medical interview. Shows compassion and empathy	Integrates relationship building skills into natural style of relating Helps patients cope better with emotional distress, and properly manage complex and complicated situations Able to develop and sustain relationships with patients, peers, and team members -- doctors, nurses, all involved in medical care	

Element	Year 1	Year 2	Clerkships	Evaluation
Understanding the Patient's Perspective	•Attends to patients' perspectives by asking about their social context, and how they understand and experience illness. •Knows that key factors that modify patients' perspective include: gender, significant relationships, occupation, education, socioeconomic status, cultural factors, language, literacy, spirituality/ religion, sexual orientation, leisure activities and stressors •Knows that significant healthcare disparities exist and are mediated in part by physicians' conscious and subconscious stereotyping •Elicits the patient's chief concerns as well as chief complaints •Explores patients' explanatory model of illness •Asks about events, circumstances, other people that might affect health •Responds explicitly to patient statements about ideas, feelings, values •Asks if the patient has any questions	Begins to understand the patient's perspective (requires putting themselves in the patient's shoes and seeing the world through the patient's eyes.) Reflects upon how their own perspective, assumptions, and biases differ from the patient's	Bridges the patient's perspective of illness with the biomedical models of disease Communicates effectively, in a developmentally appropriate manner, with patients and families to create and sustain a professional and therapeutic relationship across a broad range of socioeconomic and cultural backgrounds	•Observation by peers and faculty, followed by feedback and reflection •Ratings by SPs, actual patients 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others •Self assessment by learners

Element	Year 1	Year 2	Clerkships	Evaluation
Information Gathering and Active Listening	•Values the importance of understanding the patient as a person as well as the patient's disease processes •Begins interview with open-ended questions •Collects information in an organized way •Clarifies details as necessary with closed, or yes/no questions •Summarizes and checks for accuracy with patients •Makes transition statements/ summary statements •Uses facial expressions/ body language appropriate to clinical situation •Pays attention to both verbal and non-verbal cues •Asks questions to make sure s/he understands what is said	Pursues critical information and clues about the biomedical, psychosocial, and subjective aspects of the patient's symptoms and illness.	Encourages the patient's active participation in exploring medical and psychosocial information. Organizes the flow of the interview in the time allotted	•Observation by peers and faculty, followed by feedback and reflection •Ratings by SPs, actual patients 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others •Self assessment by learners
Sharing Information	•Assesses patient's needs •Tells information avoiding jargon or words that might alarm •Communicates pertinent findings •Assesses patient's understanding •Prepares patient and comments on aspects of the physical examination	Demonstrates ability to assess patients' attitudes and motivation Assesses patients' level of literacy Comments on aspects and findings of the physical exam or procedure as it is performed	Checks for mutual understanding of diagnostic and/or treatment plans Frames information using patient perspective Encourages involvement in decision making	

Element	Year 1	Year 2	Clerkships	Evaluation
Reaching Agreement on Problems and Plans	•Asks about the patient's understanding, needs and feelings about the problem •Is explicit about the limits of own knowledge and the scientific evidence available.	•Shares information and answers questions, or directs questions to others •Clarifies the role the patient would like to play in making decisions about diagnostic tests and management options	Involves consultants and the patient's significant others as desired Asks patients about their goals for health and illness management. Presents options, including risks, benefits, and alternatives. Elicits the patient's preferences about the available options. Presents own opinion and advice appropriately. Acknowledges non-judgmentally areas of agreement and dis-agreement. Validates the patient's right to make choices.	•Observation by peers and faculty, followed by feedback and reflection •Ratings by SPs, actual patients 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others •Self assessment by learners
Closing	•Describes clinician behaviors that facilitate effective visit closure •Begins to demonstrate specific communication skills for providing closure •Asks if patient has questions or concerns	•Demonstrates specific communication skills for providing closure •Summarizes (or asks patient to summarize) plans until next visit •Clarifies follow-up or contact arrangements •Checks for mutual understanding of plan	Explains clearly, using little jargon Encourages involvement in decision making	

Element	Year 1	Year 2	Clerkships	Evaluation
Medical interview Structure, Content and Flow	Describes the content and process of a "complete" medical history Elicits a complete medical history Describes patient-centered interview goals and skills Describes the content and structure of the written medical history Uses verbal messages to transition between parts of the interview, and from interview to examination	Develops advanced skills in medical history content: sexual history, spirituality, intimate partner violence, cultural differences. Develops flexibility in eliciting and sharing information. Begins to integrate the ROS into the performance of the physical examination Is organized and logical Manages time effectively in the interview	Adapts to the different specialty-specific content in the different clinical specialties Modifies approach to different patients in response to given situations. Streamlines approach to patients. Provides structure to interviews: makes organization overt, attends to flow Able to elicit efficient, thorough history in time expected	•Observation by peers and faculty, followed by feedback and reflection •Ratings by SPs, actual patients 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others •Self assessment by learners
Communicating with Colleagues	Knows a standard format to organize essential information for written and oral case presentations Attends to presentation style (e.g., appearance, demeanor, and verbal and nonverbal signals)	Thoughtfully organizes the patient's narrative into a coherent and sequential written document Thoughtfully organizes the patient's narrative into a coherent, sequential, engaging oral presentation	•Thoughtfully organizes the patient's narrative into a coherent and sequential oral presentation •Determines and adjusts to the expectations of the audience and setting in tailoring oral case presentations •Clarifies the goals of the presentation •Uses clinical reasoning to prioritize and organize oral presentation content •Expands formulation section of the case presentation to include prioritized differential diagnosis and a plan for evaluation and treatment	

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Written Communication	Classwork is legible, timely, thoughtful and accurate	Creates documents (notes, orders, prescriptions) that are accurate, timely and legible	Provides handover of clinical information to next team/ provider at points of transition (e.g. inpatient to outpatient, transfer between services, or from consultant to primary physician/team)	•Observation by peers and faculty, followed by feedback and reflection •Ratings by SPs, actual patients 360 degree evaluation, including members of interdisciplinary and multidisciplinary team-- RNs, MSW, peers, others •Self assessment by learners
Oral Presentation		Presents patient information in an organized, accurate and logical fashion	Presents patient information in an organized, accurate and logical fashion, reflecting appropriate interpretation of data, and targeted to a variety of settings (e.g work rounds, formal case conference, focused or complete presentation).	
Information Sharing with patients and families	Explains findings to standardized patients under direction of the preceptor	Explains findings and next steps to standardized patients under direction of the preceptor	Explains diagnosis and treatment plan to patients and families under direction of the preceptor Discusses challenging information with patients (e.g. bad news, negotiating complex discharge plans, discussing end-of-life care issues), under direction of health care team	