

Observed Communication Skills Checklist	Student:	Observer:	Date:
Clinical Encounter type: Inpatient		Well child visit	Acute care outpatient visit
Instructions: Check box for observed behaviors and circle actions to indicate areas for future work			
Establishes Rapport			
<input type="checkbox"/> Listening Behavior Makes eye contact with both patient and caregiver(s) Optimizes seating arrangement Maintains presence; stays attentive Shows awareness of verbal and nonverbal cues Perceived to be actively listening (head nods, verbal reinforcers ("uh-huh"; "tell me more")) Avoids frequent & lengthy pauses without prior explanation Avoids excessive writing/typing during the interview Makes good use of chart (e.g., shows growth chart, checks on medication)		<input type="checkbox"/> Demeanor Demonstrates poise and confidence, appears natural Positive and non-judgmental attitude, tone of voice Aware of patient's/parent's agenda Recognizes patient's/parent's feelings Recognizes one's own feelings <input type="checkbox"/> Supportive behavior 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	
Interview Process			
<input type="checkbox"/> Opening Identified self; acknowledges patient Tells patient/parent purpose/focus of interview <input type="checkbox"/> Structure of questioning Proceeds from general to specific Rate/pace, interruptions, clarity, concreteness Adjusts vocabulary; avoids verbal idiosyncrasies/ jargon Asks unbiased questions Appropriately guides the interview Appropriate use of time		<input type="checkbox"/> Integration Summarizes patient's/parent's problems and concerns Avoids repeating what was just said Makes effective use of transitional statements <input type="checkbox"/> Closing Summary: explains findings, observations, recommendations Assures that instructions are understood (not just "yes/no") Asks for last minute disclosures/questions/concerns	
Data Collection			
<input type="checkbox"/> History of present illness How long has the child been ill Chronological review of signs/symptoms Associated symptoms Activity level of the child Appetite for solids or liquids Pertinent review of systems Pertinent family history (e.g., asthma if child is wheezing) Exposure to others who are ill Animal contacts which could cause illness Has patient had this before?	<input type="checkbox"/> Allergies <input type="checkbox"/> Medications <input type="checkbox"/> Immunization status (up to date vs. missing; problems) <input type="checkbox"/> Family history <input type="checkbox"/> Social History (family structure, family support systems, child care arrangements and satisfaction, insurance) <input type="checkbox"/> Habits (recreation, behavioral concerns, safety, family health habits, sleep pattern/details) <input type="checkbox"/> Review of Systems	Important Pediatric Data to collect <input type="checkbox"/> Dietary History <i>Feeding</i> Babies: frequency/time on breast; quantity of formula Supplements Solid foods (# of meals, snacks, balanced meals) Appetite <i>Elimination</i> Babies: quality of stool, # of wet diapers Toddlers: toilet training, constipation Children: enuresis, constipation <input type="checkbox"/> Development Baby: milestones & current developmental achievements Toddler: developmental achievements Child: grade in school, quality of performance; relations with other children; hobbies Adolescent: HEADSS questions	
Comments and Feedback			
Area of strength: Area for future work/growth:			

Observer Signature: