4 Habits Coding Form

Student being evaluated _____

Rotation _____   **Location** _____

Instructions: Indicate rating (1 to 5) in each of the four categories AND provide constructive feedback below.

Rating → / Categories ↓	5 Exemplary	4	3 Acceptable	2	1 Poor
	☐	☐	☐	☐	☐
Investing in the beginning	1. Greets pt in a warm personal way (e.g., clinician asks patient how s/he likes to be addressed, uses patient's name) 2. Makes non-medical comments, using these to put the patient at ease 3. Identifies problem(s) using primarily open-ended questions (asks questions in a way that encourages the patient's story with minimum of interruptions or closed ended questions) 4. Encourages patient discussion of concerns (aha, go on, tell me more)Attempts to elicit the full range of the patient's concerns early in the visit (clinician does other than simply pursue first stated complaint)		1. Greets patient, but without great warmth or personalization 2. Makes cursory attempt at small talk (shows no great interest, keeps discussion brief before moving on) 3. Identifies problem(s) using open and closed ended questions (possibly begins with open-ended but quickly moves to closed ended) 4. Neither cuts off the patient nor expresses interest (listens but does not encourage expansion)		1. Greets patient in a cursory, impersonal, or non-existent way 2. Gets right down to business. Curt and abrupt. 3. Identifies problem(s) using primarily closed-ended questions (staccato style). 4. Interrupts or cuts patient off. Immediately pursues the patient's first concern without checking for other possible patient concerns.
	☐	☐	☐	☐	☐
Eliciting the Patient's Perspective	1. Explores the patient's understanding of the problem. 2. Asks (or responds with interest) about what the patient hopes to get out of the visit. 3. Attempts to determine in detail/shows great interest in how the problem is affecting patient's lifestyle (work, family, daily activities).		1. Shows brief or superficial interest in the patient's understanding of the problem 2. Shows interest in getting a brief sense of what the patient hopes to get out of the visit, but moves on quickly. 3. Attempts to show some interest in how the problem is affecting patient's lifestyle.		1. Shows no interest in understanding the patient's perspective 2. Makes no attempt to determine what the patient hopes to get out of the visit. 3. Shows no interest in how the problem is affecting patient's lifestyle.

Rating → Categories↓	5 Exemplary	4	3 Acceptable	2	1 Poor
	☐	☐	☐	☐	☐
Demonstrating Empathy	1. Clearly accepts/validates patient's feelings (e.g., I'd feel the same way... I can see how that would worry you...). 2. Makes clear attempt to explore patient's feelings by labeling them (e.g., So how does that make you feel? It seems to me that you are feeling quite anxious about...) 3. Displays nonverbal behaviors that express great interest, concern and connection (e.g., eye contact, tone of voice, and body orientation) throughout the visit.		1. Briefly acknowledges patient's feelings but makes no effort to accept/validate. 2. Makes brief reference to patient's feelings, but does little to explore or label them. 3. Nonverbal behavior shows neither great interest or disinterest (or behaviors over course of visit are inconsistent).		1. Makes no attempt to respond to/validate the patient's feelings, possibly belittling or challenging them (e.g., It's ridiculous to be so concerned about...). 2. Makes no attempt to identify patient's feelings 3. Nonverbal behavior displays lack of connection (e.g., little or no eye contact, body orientation or use of space inappropriate, bored voice)
	☐	☐	☐	☐	☐
Investing in the End	1. Frames diagnostic and other relevant information in ways that reflect patient's initial presentation of concerns 2. States information clearly with little or no jargon. Fully/clearly explains the rationale and significance of tests and treatments 3. Explores acceptability of treatment plan, expressing willingness to negotiate if necessary 4. Fully explores barriers to implementation of treatment plan 5. Effectively tests for patient comprehension. 6. Makes concrete, specific plans for follow-up to the visit.		1. Makes cursory attempt to frame diagnosis and information in terms of initial presentation of concerns 2. Uses some jargon. Briefly explains the rationale and significance of tests and treatments 3. Makes brief attempt to determine acceptability of treatment plan. 4. Briefly explores barriers to implementation of treatment plan 5. Briefly or ineffectively tests for patient comprehension 6. Makes references to follow-up, but does not make specific plans		1. Frames diagnosis and information in the physician's frame of reference only 2. States information in technical or jargon-filled language. Offers/orders tests and treatments, giving little or no rationale. 3. Offers recommendations with little or no attempt to elicit acceptance. 4. Does not address barriers to implementation of treatment plan 5. Makes no effort to assess patient comprenhsion. 6. Makes no reference to follow-up plans