

Patient Centered Medicine (PCM)

Loyola University Chicago Interview Feedback Form (LUCIFF)

Source:	Mode:
<input type="checkbox"/> Faculty	<input type="checkbox"/> Video
<input type="checkbox"/> Peer	<input type="checkbox"/> Live
<input type="checkbox"/> Self	

Student Name:		SP Case Name:
ITEM	DEFINITION	ASSESSMENT Comment on Strengths/Recommendations for Improvement
Opening		
<ul style="list-style-type: none"> • Initial Greeting: <ul style="list-style-type: none"> ○ verbal introduction ○ shake hands ○ address patient as: Mr., Mrs., Ms. • Puts patient at ease • States purpose of interview 	<p>States name and role on team Greets warmly</p> <p>Minimizes distractions Attends to patient’s comfort and privacy Teaching exercise, consult, etc. Corrects misunderstanding</p>	COMMENTS
Information Gathering		
<ul style="list-style-type: none"> • Questioning: Uses open-to-closed cone • Negotiates priorities for problems to be discussed. • Establishes a narrative thread • Re-directs and /or interrupts (if necessary) • Problem Survey • Segment Summary/Clarification • Transitions smoothly between interview sections 	<p>Starting with multiple open-ended questions followed by closed-ended questions. Avoids multiple and leading questions Avoids the use of jargon/technical language Sets agenda and verifies it with patient, if appropriate.</p> <p>Eliciting a chronological account. Lets patient tell story without unnecessary interruptions and listens carefully. Follows significant leads Recognizes when patient is rambling, circumstantial, tangential, or irrelevant Asks, “What else?” until all major concerns are expressed Paraphrases patient’s story and clarifies as needed</p> <p>Avoids abrupt changes in content areas</p>	COMMENTS

Student Name:		SP Case Name:					
ITEM		DEFINITION		ASSESSMENT Comment on Strengths/Recommendations for Improvement			
Closing							
<ul style="list-style-type: none"> Encourages patient's questions or invites comments States appreciation for patient's efforts. Specifies next step 		Answers questions clearly and appropriately		COMMENTS			
Facilitation Skills							
<ul style="list-style-type: none"> Eye contact Open posture Reinforces patient's responses. Uses silences when appropriate. 		Conveys interest and attentiveness. Positive body language and appropriate blocking		COMMENTS			
Relationship Skills							
<ul style="list-style-type: none"> Reflection/legitimatization Respect Support/partnership 		Expresses understandability of patient's emotions Being appropriately deferential Willingness to be helpful, to work together		COMMENTS			
Patient Education							
<ul style="list-style-type: none"> Delivers diagnostic and instructional statements in simple language Verifies that patient understands. Involves patient in process 		Explains what patient needs to know without using jargon		COMMENTS			
Flow							
<ul style="list-style-type: none"> Smooth transition from one component to the next, with key points summarized and ending with an appropriate closure. 				COMMENTS			
History Data Base (Content Area Form, page 4)			YES	NO	Professional Appearance & Conduct	YES	NO
Completed Satisfactory ✓					Satisfactory? ✓		

OVERALL INTERVIEW ASSESSMENT

Please Check only ONE Box in this Row	<input type="checkbox"/> Does Not Meet Expectations *	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations *
		<input type="checkbox"/> Meets Expectations, but with Concerns *	

Does Not Meet Expectations

Unprepared for interview, or demonstrates unprofessional behavior, or leaves out multiple major sections of the history, or is inappropriate. **MUST DESCRIBE IN COMMENTS SECTION**

Meets Expectations

Is well prepared for the interview, established rapport, puts the patient at ease, and obtains the important information with logical flow. Approaches the patient in a kind, empathic, respectful manner. **DOES NOT REQUIRE COMMENTS**

Exceeds Expectations

In addition to the criteria for “meets expectations,” the student demonstrates a superior level of inquisitiveness and curiosity, a superior and natural flow, and clearly demonstrates an exceptional interview at least in the top 10% of all the interviews. **MUST DESCRIBE IN COMMENTS**

COMMENTS (* These areas, if checked, require comments.)

Evaluator:	Date:
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HISTORY DATA BASE OUTLINE: Key Content Areas – check if discussed**A. Chief Complaint** _____**B. History of the Present Illness**

1. Characteristics of Symptoms
 - a. Location
 - b. Radiation
 - c. Quality
 - d. Severity/Intensity
 - e. Timing (onset, duration)
 - i. Sudden, gradual
 - ii. Acute, chronic
 - f. Frequency/Pattern (intermittent, continuous, progressive)
 - g. Setting
 - h. Aggravating/Exacerbating factors
 - i. Alleviating factors
 - j. Associated manifestations
2. Associated **active medical, surgical or psychiatric problems** which may impact the Chief Complaint
3. **Past experience** with symptom(s)
 - a. Prior Treatment? Response? Data from past charts?
 - b. What has patient done about the symptom(s)
4. Significant positives and negatives
5. What was the psychosocial **context** of the onset of the symptoms?
6. Patient's Perspective of the Illness
 - a. Patient's **understanding** of the disease? Especially causes/implications/fears
 - b. **Impact** of the disease and/or its treatment on the patient's life, work, relationships
 - c. Patient **expectations**
 - d. Patient's **reason** for visit

C. Medical History

1. Childhood illnesses
2. Health Screening (prior exams, cholesterol, etc.)
3. Immunizations
4. Adult illnesses/hospitalizations (including psychiatric)
5. Injuries/Accidents
6. Obstetric/Gynecological History

D. Surgical History

1. Operations
2. Surgical Procedures

E. Therapies

1. Medications
2. Complimentary/Alternative Medicine

F. Allergies

1. Allergies and Drug Reactions

G. Psychosocial History

1. Marital status and relationship satisfaction
2. Living arrangements/Family structure
3. Personal safety at home
4. Tobacco, Alcohol, Drugs
5. Support/Secondary Gains
6. Employment history/job satisfaction
7. Sexual history/function
8. Significant life events and stressors: deaths, divorce, finances
9. Diet, Sleep, Exercise

H. Family History

1. Current health of parents, siblings, children
2. History of significant illnesses (branching diagram if appropriate)
3. Deaths: dates and ages at death

I. Review of Systems