PCM-1 INTERVIEW CHECKLIST CASE:_____ STUDENT:_____

Behavior	Not Done	Done Incorrectly	Done
Opening			
1. Initial Greeting: verbal intro., use title of patient (Ms., Mr.)			
2. Addresses any obvious source of patient discomfort			
3. States students' role and purpose of interview			
Gathering Information			
1. Uses open to closed questioning			
2. Elicits patient's active concerns			
3. Negotiates priorities for discussion			
4. Elicits chronological account of patient's concerns			
5. Utilizes segment summaries and clarification			
6. Transitions appropriately between interview sections			
7. History elements (see back)			
Closing			
1. Encourages patient questions/comments			
2. Key points summarized			
3. Specifies next step in encounter			
Facilitation Skills			
1. Eye Contact			
2. Open posture			
3. Uses silences when appropriate			
Relationship Skills			
1. Reflection/legitimization			
OVERALL INTERVIEW ASSESSMENT (circle only one)	Not Done	Done incorrectly	Done

Not Done: Unprepared for interview or demonstrates unprofessional behavior, or leaves out multiple major sections of the history or is inappropriate. MUST describe in comments section.

Done Incorrectly: MUST describe in comments section.

Done: 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, empathetic, respectful manner.

PLEASE COMMENT:_____

_____

_____

_____

_____**EVALUATOR**(s)_____DATE_____

PCM-1 INTERVIEW CHECKLIST CASE:_____ STUDENT:_____

HISTORY 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?
   - 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
   (Patient's understanding, concerns and impact of the disease on the patient's life/work/relationships. Patient's expectations of the visit.)

C. Medical History

1. ☐ Adult Illnesses
2. ☐ Health Screening (prior exams, cholesterol, etc.)
3. ☐ Immunizations
4. ☐ Obstetric/Gynecological History
5. ☐ Psychiatric Illness or Hospitalizations
6. ☐ Childhood Illnesses
7. ☐ Injuries/Accidents

D. Surgical History

1. ☐ Operations
2. ☐ Surgical Procedures

E. Therapies

1. ☐ Medications
2. ☐ Complementary/Alternative Medicine

F. Allergies

1. ☐ Allergies and Drug Reactions

G. Psychosocial History

1. ☐ Marital status and relationship satisfaction
2. ☐ Living arrangements/Family structure/Personal safety @ home
3. ☐ Employment history/Job satisfaction/Military service
4. ☐ Sexual history/Function
5. ☐ Significant life events and stressors: deaths, divorce, finances
6. ☐ Spiritual History/Source of Support
7. ☐ Diet, Sleep, Exercise
8. ☐ Tobacco, Alcohol, Drugs

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

- ☐ Constitutional;
- ☐ Integumentary (Skin);
- ☐ Eyes;
- ☐ Ears/Nose/Mouth/Throat;
- ☐ Breasts;
- ☐ Respiratory;
- ☐ Cardiovascular;
- ☐ Gastrointestinal;
- ☐ Genitourinary;
- ☐ Musculoskeletal;
- ☐ Neurologic;
- ☐ Psychiatric;
- ☐ Endocrine;
- ☐ Hematologic/Lymphatic