## PCM-1 INTERVIEW CHECKLIST

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

________________________________________________________________________________________________________________________

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EVALUATOR(s)
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? 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
      (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. □ Diet, Sleep, Exercise
   7. □ 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