

BROWN INTERVIEW CHECKLIST KEY

NOTE: The purpose of the Brown Interview Checklist (BIC) is to provide a concrete and straightforward method to evaluate skills when learning patient interviewing. When using the BIC, be aware that appropriateness of use is a key component of fully employing any of the skills listed below.

Using the BIC

For each of the skills and content areas listed, select a response. Depending on the skill, your response may be:

- . A mark along the line from "Fully Employs" to "Does Not Employ"
- . "YES" or "NO" (whether or not the skill was used)
- . A check mark is placed next to each Key Content Area listed on the third page of the BIC when that area has been discussed in the interview.

SCORING GUIDELINES

I. FLOW OF THE INTERVIEW

A) Opening

1.	Attention to self comfort YES	NO
	Prepares self for the interview; puts aside other obligations; focuses attention on pt.	Distracted.
2.	Greeting..... a. Verbal greeting...	
	YES	NO
	Says "Hello", "Good Afternoon", or other appropriate greeting.	Begins conversation without proper greeting.
	b. Shakes hands...	
	YES	NO
	Shakes hands with the patient.	Does not shake hands.
3.	Introduction of self..... YES	NO
	States name, and role on the health care team.	Does not give name or does not explain role on the health care team.
4.	IF APPROPRIATE: Attention to patient's comfort..... YES	NO
	Physician asks "Are you comfortable?" If the patient is not comfortable, assures patient's comfort.	Physician does NOT inquire or assure the patient's comfort.

5.	IF APPROPRIATE: Minimizes distractions... YES	NO
	Noise and visual distractions minimized. Attends to the patient's privacy.	Does not minimize distractions or attend to patient's privacy.
6.	IF APPROPRIATE: Asks the patient his/her understanding of the nature of the interview..... YES	NO
	Asks the patient what he/she thinks about the nature of the interview and corrects any misunderstandings.	Does not ask the pt about his/her understanding of the nature of the interview, or asks but does not correct misunderstandings.
7.	Calibration*..... YES	NO
	Takes a minute or two to chat with the patient. May ask the patient. about his/her treatment in the hospital, or remarks about displayed pictures or get well cards.	Does not chat with or assess the patient before engaging in the content of the interview.

*NOTE: Calibration involves a brief chat with the patient to assess potential barriers to communication (language abilities, mentation difficulties, etc.). The physician uses these findings to appropriately adjust the interview approach to match the requirements of the patient's needs and communication style. (This may be accomplished by asking the patient his/her understanding of the nature of the interview, #6 above.)

8.	Invitation to speak..... YES	NO
	Starts with an open question, like "What problems brought you to the hospital," or, "How can I help you?"	Starts with a closed question like, "When did you first get sick?"
9.	Allows patient to finish opening statement with out interruption... YES	NO
	After the opening query, waits for the patient to finish describing why s/he has sought medical care.	Interrupts patient's opening remarks by asking a question or making a comment.

B) Exploration of Problems

1.	Survey - ascertains all major symptoms, concerns, goals... Fully Employs	Partially Employs	Does Not Employ
	Asks "what do you hope to Accomplish today?" Asks About other goals, symptoms and concerns until the pt acknowledges that all have been expressed.	Asks patient about goals symptoms, other symptoms and concerns, but does not persist until all are ex- pressed.	Does not ask about goals for the visit, or other symptoms or concerns.

2.	Negotiates priorities for problems to be discussed.....		
	Fully Employs	Partially Employs	Does Not Employ
	Determines the patient's priorities for the interview and decides jointly with the patient which problems to focus on. Sets agenda and verifies it with the patient.	Makes some explicit statement about priorities of the interview, but does not actively involve the patient in the process.	Does not attempt to establish priorities or agenda for the interview.
NOTE: #1 & 2 are most applicable in the outpatient setting where patients frequently have several medical problems and/or concerns.			
3.	Asks patient to tell the story of the illness from the beginning until now		
	Fully Employs	Partially Employs	Does Not Employ
	In eliciting the history of present illness, asks patient to start at the beginning of the illness and encourages Patient to tell the story of the illness chronologically until the present.	Starts at beginning of illness but does not redirect patient when needed to maintain chronological account.	Does not ask patient to start at beginning of illness or to maintain a chronological account.
4.	Focuses using Open-to-Closed Cone questions.....		
	Fully Employs	Partially Employs	Does Not Employ
	Starts areas of inquiry (except ROS) with an open question or statement. Starts w/open question then "tell me more"/"what else" until patient acknowledges all symptoms elicited. Ends w/specific questions.	Uses Open-to-Closed Cone questions effectively for only one area of concern, or doesn't ask more focused, directed questions at all.	Doesn't ask open-ended questions to start an area of inquiry
5.	IF APPROPRIATE: Clarifies patient's unclear statements... YES		
			NO
	When appropriate, attempts to clarify the patient's unclear statements (e.g., confusion in chronology, inconsistent statements). Makes clarifying statements such as: "Let me try to understand this a little better..."		Does not make attempts to clarify the patient's unclear statements.
6.	IF APPROPRIATE: Interrupts to redirect ...		
	Fully Employs	Partially Employs	Does Not Employ
	If necessary, directs the patient to return to the topic when the patient is overly circumstantial or tangential.	Occasionally lets the patient ramble off the topic without redirecting.	Lets the patient ramble off the topic repeatedly.

7. Avoids asking more than one question at a time - i.e., does not ask: "Was the pain the same as before, when did it start, and where did you say it was located?"
- | Fully Employs | Partially Employs | Does Not Employ |
|---------------|-------------------|-----------------|
|---------------|-------------------|-----------------|

Does not ask more than one question at a time.	Occasionally asks more than one question at a time.	Often asks more than one question at a time.
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8. Segment Summary - Restates the content and/or feeling.....
- | Fully Employs | Partially Employs | Does Not Employ |
|---------------|-------------------|-----------------|
|---------------|-------------------|-----------------|

Concludes the discussion of the HPI by restating the content and /or feelings expressed by the patient and checks to be sure that the summary is accurate.	Concludes the discussion of the HPI by restating the content and/or feelings expressed by the patient. Does not check for accuracy.	Does not summarize content and/or feelings expressed in the HPI .
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9. Transition - Acknowledges the transition from one topic area to another.....
- | Fully Employs | Partially Employs | Does Not Employ |
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|---------------|-------------------|-----------------|

When discussion of an area of inquiry is complete, moves to the next area of concern acknowledging the transition.	Acknowledges transitions about half the time.	Makes abrupt changes in content areas.
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C) Closing

1. Asks patient if he/she has any questions or comments...

YES	NO
Asks the patient if he/she has any questions or comments.	Does not ask the patient if he/she has any questions or comments.

2. States appreciation for the patient's efforts in the interview.....
- | YES | NO |
|-----|----|
|-----|----|

States appreciation for the patient's efforts at the end of the interview. Ex: "It's been good talking with you, Mr. Smith. We've been talking a long time and this must have been tiring for you. This has been very helpful for me."	Does not state any appreciation for the patient's efforts at the end of the interview.
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3. Shakes hands...

YES

NO

Shakes hands with the patient.

Does not shake hands.

4. IF APPROPRIATE: Makes appropriate follow-up arrangements.....

YES

NO

Sets time for a follow-up visit if appropriate, or names date and time of next scheduled contact with the patient.

Does not mention any planned future contact with the patient.

II. INTERPERSONAL SKILLS

A) Facilitation Skills

1. Eye contact - Appropriate to enhance patient comfort.....

YES

NO

Maintains eye contact at comfortable intervals throughout the interview.

Does not maintain eye contact.

2. Open posture - Arms uncrossed, facing the patient.....

Fully Employs

Partially Employs

Does Not Employ

Body positioning remains open with arms uncrossed, facing the patient and leaning forward. Conveys interest, attentiveness, openness and acceptance.

Body positioning remains somewhat open. Appears somewhat interested and attentive.

Body positioning is closed with arms crossed; not facing the patient, or leaning back. Seems detached or disinterested.

3. Head nod, "mm-hm", repeating the patient's last statement, etc.....

Fully Employs

Partially Employs

Does Not Employ

Encourages the patient to continue speaking, using appropriate facilitation skills (nods head, "mm-hm", repeats the patient's last statement, etc.).

Encourages the patient to speak using facilitation skills for part but not all of the interview.

Does not use facilitation skills.

4. Uses silence to facilitate the patient's expression of thoughts and feelings...

YES

NO

Allows the patient to silently

Interrupts silences or

process thoughts and feelings.
Spontaneous pauses in narration
throughout the interview.

changes the subject.

NOTE: Silences must be at least three seconds long.

B) Relationship Skills (Conveying Empathy)

NOTE: For each of the relationship skills, use the space marked "Frequency" to record the number of times the interviewer makes a related comment.

1. Reflection - Restates the patient's expressed emotion.....

Fully Employs	Partially Employs	Does Not Employ
Responds to empathic opportunities (i.e., pt expresses strong emotions verbally or non-verbally) by naming the emotions or feelings expressed, e.g., "You look sad" or, "You seem upset."	Makes reflective comments but misses some other empathic opportunities.	Does not make any reflective comments.

2. Legitimation - Expresses understandability of the patient's emotions...

YES	NO
Makes comments indicating that the patient's feelings are understandable. Ex: "I understand why you would feel this way about...", or, "That must have been difficult for you."	Does not make any legitimating comments.

3. Respect - Expresses respect for the patient's coping efforts.....

YES	NO
Explicitly compliments the patient on a behavior or something the patient is doing well. Ex: "You are doing a remarkable job of coping with this illness."	Does not make any respectful comments.

4. IF APPROPRIATE: Support - Expresses willingness to be helpful to the patient in addressing his/her concerns..... (This skill is appropriate for use when the interviewer will be providing the patient with ongoing care.)

YES

NO

Makes a statement of support.
Ex: "I'm available to help you in any way I can."

Does not make a supportive statement.

5. IF APPROPRIATE: Partnership - Expresses willingness to work together with the patient..... (This skill is appropriate for use when the interviewer will be providing the patient with ongoing care.)

YES

NO

Makes an explicit statement of partnership or collaboration.
Ex: "Let's work together to solve these problems."

Does not make any explicit statements of partnership.

III. Patient Responses

1. Patient appears engaged in the interview....

Often

Sometimes

Seldom

Patient maintains eye contact, responds readily and willingly to questions posed, and appears interested and cooperative throughout the interview

Patient appears engaged for some but not all of the interview.

Patient avoids eye contact, remains aloof, disinterested, & uncooperative throughout the interview.

2. Patient appears comforted and relaxed.....

Often

Sometimes

Seldom

Body posture remains open, relaxed and calm throughout the interview.

Body posture is open, relaxed, attentive, and calm for some, but not all of the interview

Body posture is tense, closed (arms folded, facing away) and detached or distraught throughout the interview.

3. Patient freely discusses his/her concerns.....

Often

Sometimes

Seldom

Patient freely discusses his/her feelings and concerns throughout the interview.

Patient discusses his/her feelings and concerns with some reservation. May start and then stop discussion of feelings and concerns during the interview.

Patient does not discuss any of his/her feelings or concerns.

IV. KEY CONTENT AREAS

Check each of the content areas explored (**key content areas are listed on the third page of the BIC**)

NOTE: The following characteristics of symptoms almost always are related to defining the nature of pain:

- a) Onset
- b) Location
- c) Radiation
- d) Quality
- e) Severity (on a 0 -10 scale with 0 = no pain and 10 being the worst pain you've ever had)
- f) Duration
- g) Frequency
- h) Modifying factors

Other closed-ended questions are usually related to the clinician's thinking about differential diagnoses. These questions will help rule in or rule out certain diagnoses, and help the clinician better understand family and other psychosocial contributions to the patient's illness. In formulating these close-ended questions, three questions will help to frame the inquiry:

1. What is the cause of the patient's problem?
2. How serious is this problem?
3. What can I do to treat this problem?

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