

FAMILY-CENTERED OBSERVATION FORM (FCOF)

This form structures feedback and enhances self-awareness of family-oriented interviewing skills. ☑ Check only what you see or hear. Avoid giving benefit of the doubt. Circle checkboxes ☑ indicate skills critical for competence and proficiency. Cross out any non-applicable items.

ESTABLISHING RAPPORT WITH PATIENT (PT) AND FAMILY MEMBER (FM)

- Introduced self to patient if new
- Acknowledged patient by name
- Introduced other care providers in room
- Made appropriate eye contact

- Introduced self to FM(s) if new
- Acknowledged FM(s) by name
- Clarified relationship between PT and FM(s)
- Briefly discussed non-medical topic or used humor

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5 total, including 0 critical ☑ skills	5-6 total including 1-2 critical ☑ skills	7-8 total including 3 critical ☑ skills

Comments:

FAMILY-CENTERED AGENDA SETTING

- Noted previous agenda items from:
 - (1) previous medical visits, or
 - (2) the Electronic Health Record (EHR), or
 - (3) other care team members (e.g. MA or nurse)

- Solicited PT input on agenda (“Something else?”)
- Solicited input from FM(s) (“Something you...?”)
- Stated own goals for the visit
- Confirmed or prioritized agenda with PT and FM(s)

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-3 total, including 0 critical ☑ skills	4 total including 1 critical ☑ skills	5 total including 2 critical ☑ skills

Comments:

FAMILY-CENTERED INTERVIEWING – SKILLS

- Used jargon-free language (or explained terms)
- Asked open-ended questions
- Reflected content to emphasize or clarify
- Explained physical exam and findings
- Summarized key points and patterns
- Redirected conversation topic as needed

- Asked PT’s permission to discuss info w/ FM(s)
- Clarified if interview with patient alone is needed
- Solicited each person’s perspective
- Blocked interruptions when necessary
- Verbally acknowledged differing perspectives
- Verbally acknowledged shared perspectives

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-8 total including 0-2 critical ☑ skills	7-10 total including 3 critical ☑ skills	9-12 total including 4-6 critical ☑ skills

Comments:

FAMILY-CENTERED INTERVIEWING – PROCESS

- Was “present” (e.g. curious, attentive, not rushed)
- Was sensitive to matters of culture and diversity
- Maintained eye contact with everyone in room

- Maintained neutrality / avoided taking sides
- Was empathetic (verbally or non-) toward patient
- Was empathetic (verbally or non-) toward FM(s)

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-3 total including 0-1 critical ☑ skills	4-5 total including 2-3 critical ☑ skills	6 total including 4 critical ☑ skills

Comments:

FAMILY-CENTERED INTERVIEWING – CONTENT

Please check if provider asked the patient and/or family member(s) about the following family-centered topics:

- Family history of patient’s health condition(s)
- Family problems associated with PT’s condition(s)
- Family emotions / beliefs about PT’s condition(s)
- How family communicates about PT’s condition(s)

- How the family adds support for PT’s condition(s)
- How the family adds stress to PT’s condition(s)
- Family patterns & dynamics (roles/rules/behaviors)
- Differing health opinions between PT/FM(s)

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-1 topics discussed	2-3 topics discussed	4-8 topics discussed

Comments:

FAMILY-CENTERED CARE PLANNING

- Developed plan with PT input
- Developed plan with FM input
- Invited questions from patient
- Invited questions from family members

- Shared pros & cons of treatment options
- Asked patient to explain plan (Teachback)
- Asked family member(s) to explain plan (Teachback)
- Discussed need for other professional involvement

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-6 total including 0-1 critical ☑ skills	4-5 total including 2 critical ☑ skills	6-8 total including 3 critical ☑ skills

Comments:

FAMILY-CENTERED OBSERVATION FORM (FCOF)

Side B: Family NOT present
(or 1 family member present if patient is unable to communicate)

This form structures feedback and enhances self-awareness of family-oriented interviewing skills. Check only what you see or hear. Avoid giving benefit of the doubt. Circle checkboxes indicate skills critical for competence and proficiency. Cross out any non-applicable items.

ESTABLISHING RAPPORT WITH PATIENT (PT) IN A FAMILY CONTEXT

- | | |
|--|---|
| <input type="checkbox"/> Introduced self to patient if new | <input type="checkbox"/> Made appropriate eye contact |
| <input type="checkbox"/> Acknowledged patient by name | <input type="checkbox"/> Briefly discussed non-medical topic or used humor |
| <input type="checkbox"/> Introduced other care providers in room | <input type="checkbox"/> Inquired about FMs' involvement in PT's healthcare |

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-5 total including 0 critical <input checked="" type="checkbox"/> skills	4-5 total including 1 critical <input checked="" type="checkbox"/> skill	6 total including 1 critical <input checked="" type="checkbox"/> skill

Comments:

FAMILY-CENTERED AGENDA SETTING

- | | |
|---|--|
| <input type="checkbox"/> Noted previous agenda items from:
(1) previous medical visits, or
(2) the Electronic Health Record (EHR), or
(3) other care team members (e.g. MA or nurse) | <input type="checkbox"/> Solicited PT input on agenda ("Something else?")
<input type="checkbox"/> Solicited patient's view of FMs' goals for the visit*
<input type="checkbox"/> Stated provider's own goals for the visit
<input type="checkbox"/> Confirmed or prioritized agenda with patient |
|---|--|

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 total including 0 critical <input checked="" type="checkbox"/> skills	3 total including 1 critical <input checked="" type="checkbox"/> skill	4-5 total including 1 critical <input checked="" type="checkbox"/> skill

Comments:

**When appropriate, have a patient share his/her family member(s)' concerns (e.g. "What does your family want you to address with me today?")*

FAMILY-CENTERED INTERVIEWING – SKILLS

- | | |
|---|---|
| <input type="checkbox"/> Used jargon-free language (or explained terms) | <input type="checkbox"/> Redirected conversation topic as needed |
| <input type="checkbox"/> Asked open-ended questions | <input type="checkbox"/> Conveyed curiosity about FMs' perspectives |
| <input type="checkbox"/> Reflected content to emphasize or clarify | <input type="checkbox"/> Verbally acknowledged differing PT/FM perspectives |
| <input type="checkbox"/> Explained physical exam and findings | <input type="checkbox"/> Verbally acknowledged shared PT/FM perspectives |
| <input type="checkbox"/> Summarized key points and patterns | |

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-6 total including 0 critical <input checked="" type="checkbox"/> skills	4-7 total including 1 critical <input checked="" type="checkbox"/> skill	6-9 total including 2-3 critical <input checked="" type="checkbox"/> skill

Comments:

FAMILY-CENTERED INTERVIEWING – PROCESS

- | | |
|--|---|
| <input type="checkbox"/> Was "present" (e.g. curious, attentive, not rushed) | <input type="checkbox"/> Maintained neutrality / avoided taking sides |
| <input type="checkbox"/> Was sensitive to matters of culture and diversity | <input type="checkbox"/> Was empathetic (verbally or non-) toward patient |
| <input type="checkbox"/> Maintained appropriate eye contact | <input type="checkbox"/> Expressed empathy toward FM(s)' potential emotions |

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 total including 0-1 critical <input checked="" type="checkbox"/> skills	4-5 total including 2 critical <input checked="" type="checkbox"/> skills	6 total including 3 critical <input checked="" type="checkbox"/> skills

Comments:

FAMILY-CENTERED INTERVIEWING – CONTENT

Check whether the provider asked about the following family-centered topics using direct and/or relational questioning**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Family history of patient's health condition(s) | <input checked="" type="checkbox"/> How the family adds support for PT's condition(s) |
| <input checked="" type="checkbox"/> Family problems associated with PT's condition(s) | <input checked="" type="checkbox"/> How the family adds stress to PT's condition(s) |
| <input checked="" type="checkbox"/> Family beliefs or emotions about PT's condition(s) | <input checked="" type="checkbox"/> Family patterns & dynamics (roles/rules/behaviors) |
| <input checked="" type="checkbox"/> How family communicates about PT's condition(s) | <input checked="" type="checkbox"/> Differing opinions in answers to any of these topics |

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 2 <input checked="" type="checkbox"/> questions asked	3-5 total including 2+ <input checked="" type="checkbox"/> questions	6-16 total including 3+ <input checked="" type="checkbox"/> questions

Comments:

***Direct questioning is asking the patient directly (e.g. "How does your husband help you with your [problem]?"). Relational or circular questioning is having the patient consider answers from a family member's perspective (e.g. "How would your husband say he helps you with your [problem]?")*

FAMILY-CENTERED CARE PLANNING

- | | |
|---|--|
| <input type="checkbox"/> Developed plan with PT input | <input type="checkbox"/> Shared pros & cons of treatment options |
| <input type="checkbox"/> Developed plan considering FMs' perspectives | <input type="checkbox"/> Asked patient to explain plan (Teachback) |
| <input type="checkbox"/> Invited questions (a true invitation, not a gesture) | <input type="checkbox"/> Discussed need for other professional involvement |

Novice	Competent	Proficient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 total including 0 critical <input checked="" type="checkbox"/> skills	4 total including 1-2 critical <input checked="" type="checkbox"/> skills	5-6 total including 1-2 critical <input checked="" type="checkbox"/> skills

Comments: