

BEHAVIORAL HEALTH CONSULTANT INTERN OBSERVATION TOOL - INITIAL

I. Name of intern being observed:		Section Rating (1-5)
II. Type of appointment: Warm Hand-off Scheduled Cold-Crash		
III. Appointment date/start time:		
IV. Initial Appointment		
<u>Introduction</u>		
1. Introduces self & any other providers present to the Pt.....	Yes	No
2. Establishes relationship of each person in the room.....	Yes	No
3. Informed Consent disclosure:		
a) Role of the BHC on primary care team (i.e., whole health domains – behaviors, emotions, stressors, etc.).....	Yes	No
b) BHC’s degree/license type/student status.....	Yes	No
c) Supervisor’s information.....	Yes	No
d) Time parameters of this visit & any follow-ups.....	Yes	No
e) Possibility of follow-ups.....	Yes	No
f) Charting in the medical record.....	Yes	No
g) Purpose of today’s visit/negotiated agenda with patient.....	Yes	No
h) Today BHC will ask series of questions to get a “snap shot” of Pt’s life before diving into the presenting problem.....	Yes	No
i) Cell phone used for pages.....	Yes	No
<u>Contextual Interview (CI)</u>		
1. Love – Work - Play		
a) Living situation (i.e. who is in the home?).....	Yes	No
b) Relationship status and relevant aspects of sex life	Yes	No
c) Family members.....	Yes	No
d) Friends.....	Yes	No
e) Spiritual beliefs/life philosophies.....	Yes	No
f) Work/School.....	Yes	No
g) Hobbies/Interests.....	Yes	No
2. Health Behaviors/Risk		
a) Sleep habits/quality.....	Yes	No
b) Diet.....	Yes	No
c) Exercise.....	Yes	No
d) Medications (i.e. prescrips., OTCs, taken as prescribed/directed)....	Yes	No
e) Caffeine (i.e. coffee, soda, tea, energy drinks).....	Yes	No
f) Tobacco.....	Yes	No
g) Alcohol.....	Yes	No
h) Marijuana.....	Yes	No
i) Drugs.....	Yes	No
Interview End Time: _____		
If components were skipped from the CI, was this appropriate based on appointment context and/or clinic demands.....		Yes No
1. Was utilization of Time – Trigger – Trajectory (3T’s) of problem observed? Onset of problem? Recent change, why now? Triggers? Things that make it better/worse? Effect on love – work – play?		
		Yes No
2. When relevant, appropriately assessed and integrated ACEs into conceptualization of patient. (i.e. in developmental home: abuse/neglect, IPV, substance misuse, MH concerns, separation/divorce, incarcerated household member)		
		Yes No
3. CI stayed w/in time parameters (i.e. 10-12 mins without extenuating circumstances)		
		Yes No

V. Appointment Management, Intervention, & Goal Setting			
1. Controls the tempo/pace of the interview (i.e. pauses only when clinically useful, asks questions in a directive manner to stay on task).....	Yes	No	
2. Stays organized during interview (i.e. asks questions in a sequential manner, if Pt switches topics a lot BHC attempts to re-establish logical order).....	Yes	No	
3. Uses verbal cues (i.e. reflective, clarifying, and summary statements) to demonstrate interviewer engagement and empathy.....	Yes	No	
4. Uses nonverbal cues (i.e., leans towards patient, maintains eye contact, etc.) to demonstrate interviewer engagement and empathy.....	Yes	No	
5. Uses language at the appropriate health literacy (i.e., limits medical jargon)	Yes	No	
6. Establishes rapport (i.e. smiles, friendly demeanor, uses Pt's name, etc.).....	Yes	No	
7. Uses "what" and "how" questions rather than "why".....	Yes	No	
8. Stays within time parameters (i.e. total appointment 15-30 min).....	Yes	No	
1. Intervention used is appropriate to content of appointment.....	Yes	No	
2. Uses psychoeducation effectively to enhance Pt's understanding & incorporation of interventions.....	Yes	No	
3. Pt is included in establishing goals/homework.....	Yes	No	
4. New goals follow SMART aspects.....	Yes	No	
5. Pt is given a printed or written copy of goals/homework.....	Yes	No	
6. BHC assesses Pt's perceived ability to complete set goals.....	Yes	No	
7. BHC and Pt decide together whether a follow-up is needed.....	Yes	No	
8. DUKE Health Profile assessment.....	Yes	No	
9. Communicated w/PCP regarding referral request & recommendations.....	Yes	No	
VI. Appointment End Time:			
Additional Notes:			
Reviewed with Intern on:			Total Score:

Section Rating Key:

1	2	3	4	5
No items addressed Poor performance	Only a few items included Inadequate Performance	≈ Half of items included Adequate Performance	Most items included Good Performance	All items included Excellent Performance

BEHAVIORAL HEALTH CONSULTANT INTERN OBSERVATION TOOL – FOLLOW-UP

I. Name of intern being observed:			Section Rating (1-5)	
II. Type of appointment:	Warm Hand-off	Scheduled		Cold-Crash
III. Appointment date/start time:				
IV. Follow-up Appointment				
1. Introduces person observing/shadowing BHC and establishes relationship of any new people in the room.....	Yes	No		
2. Sets/negotiates agenda for visit with Pt (i.e. review goals from previous visit, incorporate additional info from PCP, elicit items from Pt).....	Yes	No		
3. If there are too many topics for one appointment, negotiates follow-up appointment with Pt.....	Yes	No		
4. Discussed ability to accomplish goals and what barriers were encountered to accomplishing goals.....	Yes	No		
5. Discussed success of goals (i.e. improvement in functioning & improvement in symptom reduction).....	Yes	No		
6. Assess SI/SIB as indicated in current or past visits.....	Yes	No		
V. Appointment Management, Intervention, & Goal Setting				
1. Controls the tempo/pace of the interview (i.e. pauses only when clinically useful, asks questions in a directive manner to stay on task).....	Yes	No		
2. Stays organized during interview (i.e. asks questions in a sequential manner, if Pt switches topics a lot BHC attempts to re-establish logical order).....	Yes	No		
3. Uses verbal cues (i.e. reflective, clarifying, and summary statements) to demonstrate interviewer engagement and empathy.....	Yes	No		
4. Uses nonverbal cues (i.e., leans towards patient, maintains eye contact, etc.) to demonstrate interviewer engagement and empathy.....	Yes	No		
5. Uses language at the appropriate health literacy (i.e., limits medical jargon)	Yes	No		
6. Establishes rapport (i.e. smiles, friendly demeanor, uses Pt’s name, etc.).....	Yes	No		
7. Uses “what” and “how” questions rather than “why”	Yes	No		
8. Stays within time parameters (i.e. 8 – 30 minutes).....	Yes	No		

1. Intervention used is appropriate to content of appointment.....	Yes	No	
2. Uses psychoeducation effectively to enhance Pt's understanding & incorporation of interventions.....	Yes	No	
3. New goals follow SMART aspects.....	Yes	No	
4. Pt is included in establishing goals/homework.....	Yes	No	
5. Pt is given a printed or written copy of goals/homework.....	Yes	No	
6. BHC assesses Pt's perceived ability to complete set goals.....	Yes	No	
7. BHC and Pt decide together whether a follow-up is needed.....	Yes	No	
8. DUKE Health Profile assessment.....	Yes	No	
9. Communicated w/PCP regarding referral request & recommendations.....	Yes	No	

VI. Appointment End Time:

Additional Notes:

Reviewed with Intern on:

Total Score:

Section Rating Key:

1	2	3	4	5
No items addressed Poor performance	Only a few items included Inadequate Performance	≈ Half of items included Adequate Performance	Most items included Good Performance	All items included Excellent Performance