

 MASTER INTERVIEW RATING SCALE (MIRS)					
ITEM 13. VERBAL FACILITATION SKILLS & ENCOURAGEMENT - Verbally encourage patient to tell the story; verbal reinforcement for positive behaviors.					
Any behavior that has the effect of inviting patients to say more about the area being discussing is a facilitative response .					
5	4	3	2	1	SCORE
<p>STUDENT used facilitative skills throughout the conversation.</p> <p>Verbal encouragement, use of short statements, and echoing used regularly when appropriate.</p> <p>STUDENT provides the patient with intermittent verbal encouragement.</p>		<p>STUDENT uses some facilitative skills but not consistently or at inappropriate times.</p> <p>Verbal encouragement could be used more effectively.</p>		<p>STUDENT fails to use facilitative skills to encourage the patient to tell their story.</p>	4
ITEM 15. EMPATHY & ACKNOWLEDGING PATIENT CUES - Empathetic approach, responds to concerns, helps to seek solutions.					
<p>NOTE: Empathy is not only being sensitive, but also demonstrating that sensitivity to patients so they appreciate the understanding and support. To display empathy, actively acknowledge and follow-up on verbal patient cues, showing that they have been heard and understood. Empathic statements are supportive comments that specifically link the “I” of the provider and the “you” of the patient. They both name and appreciate the patient’s affect or predicament and express appreciation for the problem.</p> <p>“NURS” is an active technique to demonstrate empathy and acknowledge patient cues: Naming emotion: <i>“It must be very frustrating to not be able to work.”</i> Express Understanding [Goal is to normalize or validate feelings or experience]: <i>“That must have been difficult for you. I’d feel that way too.”</i> Showing Respect: <i>“I can appreciate how difficult it is for you to talk about this.”</i> Offering Support [partnering/assistance, showing concern/sensitivity]: <i>“I’ll be working with you each step of the way.”</i></p>					
5	4	3	2	1	SCORE
<p>STUDENT uses supportive comments regarding patient’s emotions.</p> <p>STUDENT uses NURS (name, understand, respect, support) or specific techniques for demonstrating empathy.</p>		<p>STUDENT uses supportive comments inconsistently.</p> <p>STUDENT uses a few empathic statements; however, application in response to patient cues is inconsistent.</p>		<p>No empathy is demonstrated.</p> <p>STUDENT uses a negative emphasis or openly criticizes the patient.</p>	5

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ITEM 18. PATIENT EDUCATION & UNDERSTANDING - Patient is given a comfortable amount of information; deliberate techniques to check understanding (have patient demonstrate/repeat the plan.)

NOTE: Many times, patients who are labeled non-compliant may in fact not understand the information that is given to them. There are several ways to check the patient's understanding. STUDENTS can ask the patient to repeat the information directly back, demonstrate techniques, or pose hypothetical situations to see if the patient will react appropriately. It is vital that when a patient must carry out therapy on their own without direct supervision, that they understand how to carry it out. Example: STUDENT *"I've shown you how to test levels of sugar in your blood with the monitor, now will you show me so I can be sure that I explained it clearly?"* Example: STUDENT - *"Will you repeat back to me how to take your medicine so I know I have given you the correct information?"*

5	4	3	2	1	SCORE
<p>STUDENT uses deliberate techniques to check patient understanding of information given during the encounter including diagnosis. Techniques may include asking the patient to repeat information, asking if the patient has additional questions, posing hypothetical situations or asking the patient to demonstrate techniques. When patient education is a goal, STUDENT determines the patient's level of interest and provides education appropriately. (If English proficiency is limited an interpreter is offered.)</p>		<p>STUDENT asks the patient if they understand the information but does not use a deliberate technique to check. Some attempt to determine the interest in patient education but could be more thorough.</p>		<p>STUDENT fails to assess patient's level of understanding and does not effectively correct misunderstandings when they are evident AND/OR STUDENT fails to address the issue of patient education.</p>	4

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ITEM 19. ASSESS MOTIVATION FOR CHANGES - Inquires about patient readiness for behavioral change

NOTE: STUDENT assesses how the patient feels about lifestyle/behavioral changes (taking medicine, changing diet and exercise, smoking cessation, etc.). Many interviewers assume patients will change their behavior without discussing it with them. This lack of communication may lead to return visits or non-compliance issues. Asking the patient about previous experiences, the patient's view of the importance to change, and the patient's confidence in ability to change will help to establish guidelines. Then STUDENT can provide information, as appropriate, based on the patient's needs. Offer a menu of options, emphasize the patient's ability to choose, and anticipate and plan for obstacles.

<i>STAGE</i>	<i>DESCRIPTION</i>	<i>TECHNIQUES</i>
Pre-contemplation	Not considering change	Identify patient's goals, provide information, Bolster self-efficacy
Contemplation	Ambivalent to changing	Develop discrepancy between goals and behavior, Elicit self-motivational statements
Preparation	Cognitively committed to make the change	Strengthen commitment to change, Provide a menu of options for change
Action	Involved in change (began changing behaviors)	Identify new barriers, offer menu of options for reinforcing change
Maintenance	Involved in sustaining change (behavioral strategies are well learned and almost automatic)	Check status, Recognize relapse or impending relapse
Relapse	Undesired behavior returns	Identify relapse, reestablish self-efficacy and commitment to change, learn from experience, develop new behavioral strategy
Termination	Change is no longer an issue	None

5	4	3	2	1	SCORE
STUDENT inquires how the patient feels about the lifestyle/behavioral change and offers options and plans for the patient to choose from to encourage and/or support the change.		STUDENT inquires how the patient feels about changes but does not offer options or plans OR STUDENT offers options and plans, but assumes the patient will follow the suggested change.		STUDENT fails to assess patient's level of motivation to change and does not offer any options or plans.	5

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Rate your performance for the OSCE on the following items from 1- 5 (see scale below). In order to receive credit, you must INCLUDE COMMENTS that justify your ratings and answer all questions thoughtfully (*Two to three sentences at a minimum*). Self-evaluation is a great way to help you improve your skills in the future. Assignments completed with minimal effort will result in only ½ credit for the assignment.

Rating Scale:

5= nearly perfect

3= met requirements

1= poor/ wish I could re-do

1. Rate and comment on your interaction with the patient. Consider the following in your comments: How did you establish rapport? Did you ask open-ended questions to engage the patient? *(2-3 complete questions at a minimum)*

RATING 5 – I believe I established good interaction and rapport with the patient right in the beginning by commending her for taking into consideration how important it is to stay on top of her medications. Throughout the interaction I continues to ask open ended questions such as: “Could you tell me more about your concerns?, what is your specific concern with transportation?, and also after I gave her potential options to help her adherence I asked how she felt about each option which allowed her to tell me all of them sound like good and viable options for her.

2. Rate and comment on your ability to deliver information smoothly and understandably. Consider the following in your comments: How was the flow and logic of your delivery? Did you skip around? Did you use language that was appropriate for patient? Did you have to pause frequently to remember the information you needed to provide to the patient? *(2-3 complete questions at a minimum)*

RATING 5 – I felt like our conversation flowed very smoothly all the way throughout. I was able to get her to tell me her main concerns with being able to stay on top of her regimen, and asked if there was any specific order she would like to address her concerns in. The patient did not care about the order as long as her concerns were addressed, we started by talking about her cost of medications, and smoothly transitioned directly into talking about her second concern which was transportation and picking up meds. During this part of the interaction I provided a few different recommendations in order of which would be most helpful to her. I did not skip around during the interaction and was able to clearly remember every point and option I wanted to express to her without pause.

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3. Rate and comment on your confidence during the encounter. Consider the following in your comments: Did you seem nervous? How did you feel? *(2-3 complete questions at a minimum)*

RATING 4 – Before beginning the interaction with the patient I was a little nervous, as I usually am before any graded patient interaction. However, once the interaction began my SP made me feel comfortable so I was able to keep my composure in the beginning and throughout. The SP made me more confident in my conversational skills as the interaction went on by giving me positive feedback to my suggestions.

4. Rate and comment on your ability to show empathy and establish a good patient-pharmacist relationship. Consider the following in your comments: Describe how you attempted to establish a relationship with your patient? Did you maintain eye-contact with the patient? Did you listen to the patient without interrupting? Did you feel like you were talking *with* or *at* the patient? *(2-3 complete questions at a minimum)*

RATING 5 – I felt as though my interaction with the patient went very well. She made it easy to have a flowing conversation and because I felt prepared, I was able to keep eye contact for well over a majority of the time. I never interrupted the patient, and made sure it was a conversation WITH her and not AT her. I showed I was listening and respecting what she was saying by making eye contact and nodding throughout. I also established a relationship and displayed empathy by using the NURS technique throughout.

N: naming when I addressed how it must be frustrating having to pickup prescriptions during the day when you want to be sleeping because you work at night

U: Understanding because I mentioned how important sleeping and maintaining a schedule was to me too

R: Respect, I commended her for giving it some thought on how important her med regimen is to keep her healthy, and thanked her for her time

S: support, I told her I would be with her every step of the way, and offered to help her download coupon apps to get her started on lowering copays.

5. What did you find most challenging about your interaction with the patient? Why? *(2-3 complete questions at a minimum)*

The thing I found most challenging about the interaction with the patient was when she asked me about how to tell if her medication is even working and about possible herbal medications that could work for her. For the most part we were given a rubric on what we would be suggesting and talking about, however these were not on the list of topics so it caught me off guard. In the moment I was able to think on my feet and come up with telling her about home blood pressure monitoring, but it was the part I found most challenging.

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6. How would you improve your performance in the future? *(2-3 complete questions at a minimum)*

I feel as though this has been one of my strongest OSCE performances yet, however there are always areas to improve. I gave myself a 4 in the patient education and understanding category because after reading the specifications for a 5 I feel I could have done a bit more. For example, I did assess her understanding toward the end by asking her about the interventions I suggested to her, but I did not assess throughout.

7. What aspects of your performance on the assessment were your best? *(2-3 complete questions at a minimum)*

I felt very good about my performance as a whole for this OSCE station. I believe my conversational flow and organization was what made this interaction as good as it was. There was no skipping around or hesitation between me or the patient. I also felt very proud of myself for being able to think quickly on my feet about the things she asked me about that I was not prepared for because normally the pressure of that would show, whereas it did not in this interaction. I felt I was able to keep the patient intrigued and invested by talking with her and allowing her to express every aspect of all of her concerns by showing empathy, asking about her feelings, and asking open ended questions.