<table>
<thead>
<tr>
<th>Medical Interviewing Rating Tool</th>
<th>Student:</th>
<th>Observer:</th>
<th>Date:</th>
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<tbody>
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<td><strong>Established Well Child Care</strong></td>
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### Data Collection and Clinical Skills

- INTERVAL HISTORY (problems, illnesses, hospitalizations, etc.)
- DIETARY HISTORY
  - **Feeding**
    - Babies: frequency/time on breast; quantity of formula
    - Supplements
    - Solid foods (# of meals, snacks, balanced meals)
  - **Appetite**
- ELIMINATION
  - Babies: quality of stool, # of wet diapers
  - Toddlers: toilet training, constipation
  - Children: enuresis, constipation
- DEVELOPMENT
  - Baby: milestones & current developmental achievements
  - Toddler: developmental achievements
  - Child: grade in school, quality of performance

- ALLERGIES (characteristics)
- MEDICATIONS (over the counter, prescription, CAM)
- IMMUNIZATION STATUS (up to date vs. missing; problems)
- FAMILY HISTORY (update)
- PERSONAL HISTORY (update – relations with other children, school status and progress)
- SOCIAL HISTORY (update – family structure, family support systems, child care arrangements and satisfaction, insurance)
- HABITS (update – recreation, behavioral concerns, safety, family health habits, sleep pattern/details)
- REVIEW OF SYSTEMS

### Physical Examination

- CHOoses best setting for exam (parent’s lap, examine table)
- UNdresses child/exposes body parts as appropriate
- Observes the child before proceeding with hands-on exam
- AGE appropriate sequence
- Performs complete exam including age-appropriate neurological
- TECHnically correct
- Uses appropriate restraining techniques to complete exam
- Demonstrates distraction techniques
- RESpects patient/parent’s fears and anxieties (e.g., requests chaperon when appropriate)
- Developmental assessment where indicated

### Interview Process

- OPENing
  - Identified self; acknowledges patient
  - Tells patient/parent purpose/focus of interview
- STRUCTure of questioning
  - Proceeds from general to specific
  - Rate/pace, interruptions, clarity, concreteness
  - Adjusts vocabulary; avoids verbal idiosyncrasies or jargon
  - Asks unbiased questions
  - Maintains control of the interview
  - Appropriate use of time
- INTEGRation
  - Summarizes patient’s/parent’s problems and concerns
  - Avoids repeating what was just said
  - Makes effective use of transitional statements
- CLOSING
  - Summary: explains findings, observations, recommendations
  - Assures that instructions are understood (not just “yes/no”)
  - Asks for last minute disclosures/questions/concerns

### Establishes Rapport

- LISTENING BEHAVIOR
  - Makes eye contact
  - Optimizes seating arrangement
  - Maintains presence; stays attentive
  - Makes good use of chart (e.g., shows growth chart, checks on medication)
  - Shows awareness of verbal and nonverbal cues
  - Perceived to be actively listening (head nods, verbal reinforcers (“uh-huh”; “tell me more”))
  - Avoids frequent & lengthy pauses without prior explanation
  - Avoids excessive writing/typing during the interview
- DEMEnor
  - Demonstrates poise and confidence, appears natural
  - Sensitivity
  - Positive and non-judgmental attitude, tone of voice
  - Aware of patient’s/parent’s agenda
  - Recognizes patient’s/parent’s feelings
  - Recognizes one’s own feelings
- SUPPORTive behavior
  - Use of verbal reinforcers
  - Appropriate use of reassurance
  - Reflection of patient’s/parents feelings when appropriate, paraphrases
  - Shares feelings when appropriate
  - Uses silence and pauses
  - Uses confrontation

### Comments and Feedback
