

MIRS FORM 2006

MASTER INTERVIEW RATING SCALE

8/22/07

ITEM 1 – OPENING

[5]	[4]	[3]	[2]	[1]
The interviewer introduces himself, clarifies his roles, and inquires how to address patient. Uses patient name.		The interviewer's introduction is missing a critical element		There is no introduction.

ITEM 2 – ELICITS SPECTRUM OF CONCERNS

[5]	[4]	[3]	[2]	[1]
The interviewer elicits the patient's full spectrum of concerns within the first 3-5 minutes of the interview.		The interviewer elicits some of the patient's concerns on his chief complaint.		The interviewer fails to elicit the patient's concern.

ITEM 3 – NEGOTIATES PRIORITIES & SETS AGENDA

[5]	[4]	[3]	[2]	[1]
The interviewer fully negotiates priorities of patient concerns, listing all of the concerns and sets the agenda at the onset of the interview. The patient is invited to participate in making an agreed plan. (<i>communication cases</i>)		The interviewer elicits only partial concerns and therefore does not accomplish the complete patient agenda for today's visit. The interviewer sets the agenda.		The interviewer does not negotiate priorities or set an agenda. The interviewer focuses only on the chief complaint and takes only the physician's needs into account.

ITEM 4 – ELICITING THE NARRATIVE THREAD or the "PATIENT'S STORY"

[5]	[4]	[3]	[2]	[1]
The interviewer encourages and lets the patient talk about their problem. The interviewer does not stop the patient or introduce new information.		The interviewer begins to let the patient talk about their problem but either interrupts with focused questions or introduces new information into the conversation.		The interviewer fails to let the patient talk about their problem. OR The interviewer sets the pace with Q & A style, not conversation.

ITEM 5 - TIMELINE

[5]	[4]	[3]	[2]	[1]
The interviewer obtains sufficient information so that a chronology of the chief complaint and history of the present illness can be established. The chronology of all associated symptoms is also established.		The interviewer obtains some of the information necessary to establish a chronology. He may fail to establish a chronology for all associated symptoms.		The interviewer fails to obtain information necessary to establish a chronology.

ITEM 6 – ORGANIZATION

[5]	[4]	[3]	[2]	[1]
Questions in the body of the interview follow a logical order to the patient.		The interviewer seems to follow a series of topics or agenda items; however, there are a few minor disjointed questions.		The interviewer asks questions that seem disjointed and unorganized.

ITEM 7 – TRANSITIONAL STATEMENTS

[5]	[4]	[3]	[2]	[1]
The interviewer utilizes transitional statements that explain the reasons for progressing from one subsection to another (only in a complete history)	The interviewer sometimes introduces subsections with effective transitional statements but fails to do so at other times.	OR Some of the transitional statements used are lacking in quality.	The interviewer progresses from one subsection to another in such a manner that the patient is left with a feeling of uncertainty as to the purpose of the questions.	No transitional statements are made.

ITEM 8 – PACING OF INTERVIEW

[5]	[4]	[3]	[2]	[1]
The interviewer is attentive to the patient's responses. The interviewer listens without interruption. The interview progresses smoothly with no awkward pauses. Silence may be used deliberately.	The pace of the interview is comfortable most of the time, but the interviewer occasionally interrupts the patient and/or allows awkward pauses to break the flow of the interview.		The interviewer frequently interrupts the patient and there are awkward pauses, which break the flow of the interview.	

ITEM 9 - QUESTIONING SKILLS – TYPES OF QUESTIONS

[5]	[4]	[3]	[2]	[1]
The interviewer begins information gathering with an open-ended question. This is followed up by more specific or direct questions. Each major line of questioning is begun with an open-ended question. No poor question types are used.	The interviewer often fails to begin a line of inquiry with open-ended questions but rather employs specific or direct questions to gather information.	OR The interviewer uses a few leading, why or multiple questions.	The interviewer asks many why questions, multiple questions, or leading questions.	

ITEM 10 – QUESTIONING SKILLS - SUMMARIZING

[5]	[4]	[3]	[2]	[1]
The interviewer summarizes the data obtained at the end of each major line of inquiry or subsection to verify and/or clarify the information (complete hx, focused history: one summary is sufficient)	The interviewer summarizes the data at the end of some lines of inquiry but not consistently or completely or attempts to summarize at the end of the interview and it is incomplete.		The interviewer fails to summarize any of the data obtained.	

ITEM 11 – QUESTIONING SKILLS – DUPLICATION

[5]	[4]	[3]	[2]	[1]
The interviewer does not repeat questions, seeking duplication of information that has previously been provided, <i>unless</i> clarification or summarization of prior information is necessary.	The interviewer only rarely repeats questions. Questions are repeated not for the purpose of summarization or clarification of information, but as a result of the interviewer's failure to remember the data.		The interviewer frequently repeats questions seeking information previously provided because he fails to remember the data already obtained.	

ITEM 12 - QUESTIONING SKILLS – LACK OF JARGON

[5]	[4]	[3]	[2]	[1]
The interviewer asks questions and provides information in language which is easily understood. Content is free of difficult medical terms and jargon. Words are immediately defined for the patient. Language is used that is appropriate to the patient's level of education.	The interviewer occasionally uses medical jargon during the interview failing to define the medical terms for the patient unless specifically requested to do so by the patient.			The interviewer uses difficult medical terms and jargon throughout the interview.

ITEM 13 - QUESTIONING SKILLS – VERIFICATION OF PATIENT INFORMATION

[5]	[4]	[3]	[2]	[1]
The interviewer always seeks clarification, verification and specificity of the patient's responses.	The interviewer will seek clarification, verification and specificity of the patient's responses but not always.			The interviewer fails to clarify or verify patient's responses, accepting information at face value.

ITEM 14 –INTERACTIVE TECHNIQUES

[5]	[4]	[3]	[2]	[1]
The interviewer consistently uses the patient-centered technique. The interviewer mixes patient-centered and physician-centered styles that promote a collaborative partnership between patient and doctor.	The interviewer initially uses a patient-centered style but reverts to physician-centered interview at the end (rarely returning the lead to the patient). OR The interviewer uses all patient-centered interviewing and fails to use physician-centered style and therefore does not accomplish the negotiated agenda.			The interview does not follow the patient's lead. Uses only physician-centered technique halting the collaborative partnership.

ITEM 15 – VERBAL FACILITATION SKILLS

[5]	[4]	[3]	[2]	[1]
The interviewer uses facilitation skills through the interview. Verbal encouragement, use of short statements, and echoing are used regularly when appropriate. The interviewer provides the patient with intermittent verbal encouragement, such as verbally praising the patient for proper health care technique.	The interviewer uses some facilitative skills but not consistently or at inappropriate times. Verbal encouragement could be used more effectively.			The interviewer fails to use facilitative skills to encourage the patient to tell his story.

ITEM 16 – NON-VERBAL FACILITATION SKILLS

[5]	[4]	[3]	[2]	[1]
The interviewer puts the patient at ease and facilitates communication by using: Good eye contact; Relaxed, open body language; Appropriate facial expression; Eliminating physical barriers; and Making appropriate physical contact with the patient.	The interviewer makes some use of facilitative techniques but could be more consistent. One or two techniques are not used effectively. OR Some physical barrier may be present.			The interviewer makes no attempt to put the patient at ease. Body language is negative or closed. OR Any annoying mannerism (foot or pencil tapping) intrudes on the interview. Eye contact is not attempted or is uncomfortable.

ITEM 17 – EMPATHY AND ACKNOWLEDGING PATIENT CUES

[5]	[4]	[3]	[2]	[1]
The interviewer uses supportive comments regarding the patient's emotions. The interviewer uses NURS (name, understand, respect, support) or specific techniques for demonstrating empathy.	The interviewer is neutral, neither overly positive nor negative in demonstrating empathy.		No empathy is demonstrated. The interviewer uses a negative emphasis or openly criticizes the patient.	

ITEM 18 – PATIENT'S PERSPECTIVE (BELIEFS)

[5]	[4]	[3]	[2]	[1]
The interviewer elicits the patient's healing practices and perspectives on his illness, including his beliefs about its beginning, Feelings, Ideas of cause, Function and Expectations (FIFE).	The interviewer elicits some of the patient's perspective on his illness AND/OR The interviewer does not follow through with addressing beliefs.		The interviewer fails to elicit the patient's perspective.	

ITEM 19 – IMPACT OF ILLNESS ON PATIENT AND PATIENT'S SELF-IMAGE

[5]	[4]	[3]	[2]	[1]
The interviewer inquires about the patient's feelings about his illness, how it has changed his life. The interviewer explores these issues. The interviewer offers counseling or resources to help. This is used in communication cases.	The interviewer partially addresses the impact of the illness on the patient's life or self-image. AND/OR The interviewer offers no counseling or resources to help.		The interviewer fails to acknowledge any impact of the illness on the patient's life or self-image.	

ITEM 20 – IMPACT OF ILLNESS ON FAMILY

[5]	[4]	[3]	[2]	[1]
The interviewer inquires about the structure of the patient's family. The interviewer addresses the impact of the patient's illness and/or treatment on family. The interviewer explores these issues.	The interviewer recognizes the impact of the illness or treatment on the family members and on family lifestyle but fails to explore these issues adequately.		The interviewer fails to address the impact of the illness or treatment on the family members and on family lifestyle.	

ITEM 21 – SUPPORT SYSTEMS

[5]	[4]	[3]	[2]	[1]
The interviewer determines what emotional support the patient has. The interviewer determines what financial support the patient has and learns about health care access The interviewer inquires about other resources available to the patient and family and suggests appropriate community resources. (will be focused in focused histories)	The interviewer determines some of the available support.		The interviewer fails to determine what support is currently available to the patient.	

ITEM 22 – PATIENT’S EDUCATION & UNDERSTANDING

[5]	[4]	[3]	[2]	[1]
The interviewer uses deliberate techniques to check the patient’s understanding of information given during the interview including diagnosis. If English proficiency is limited an interpreter is offered. 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, the interviewer determines the patient’s level of interest and provides education appropriately.	The interviewer asks the patient if he understands 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.		The interviewer fails to assess patient’s level of understanding and does not effectively correct misunderstandings when they are evident. AND/OR The interviewer fails to address the issue of patient education.	

ITEM 23 – ASSESS MOTIVATION FOR CHANGES

[5]	[4]	[3]	[2]	[1]
The interviewer 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.	The interviewer inquires how the patient feels about changes but does not offer options or plans. OR The interviewer assumes the patient will follow the suggested change without assessing change but does offer options and plans.		The interviewer fails to assess patient’s level of motivation to change and does not offer any options or plans.	

ITEM 24 – ADMITTING LACK OF KNOWLEDGE

[5]	[4]	[3]	[2]	[1]
The interviewer, when asked for information or advice that he is not equipped to provide, admits to his lack of knowledge in that area but immediately offers to seek resources to answer the question(s).	The interviewer, when asked for information or advice that he is not equipped to provide, admits lack of knowledge, but rarely seeks other resources for answers.		The interviewer, when asked for information, which he is not equipped to provide, makes up answers in an attempt to satisfy the patient’s questions, but never refers to other resources.	

ITEM 25 – INFORMED CONSENT FOR INVESTIGATIONS & PROCEDURES

[5]	[4]	[3]	[2]	[1]
The interviewer discusses the purpose and nature of all investigations and procedures. The interviewer reviews foreseeable risks and benefits of the proposed investigation or procedure. The interviewer discloses alternative investigations or procedures and their relative risks and benefits. Taking no action is considered always considered an alternative.	The interviewer discusses some aspects of the investigations and procedures but omits some elements of informed consent.		The interviewer fails to discuss investigations or procedures.	

ITEM 26 – ACHIEVE A SHARED PLAN

[5]	[4]	[3]	[2]	[1]
The interviewer discusses the diagnosis and/or prognosis and negotiates a plan with the patient. The interviewer invites the patient to contribute his own thoughts, ideas, suggestions and preferences.	The interviewer discusses the diagnosis and/or prognosis and plan but does not allow the patient to contribute. Lacks full quality.			The interviewer fails to discuss diagnosis and/or prognosis.

ITEM 27 – ENCOURAGEMENT OF QUESTIONS

[5]	[4]	[3]	[2]	[1]
The interviewer encourages the patient to ask questions at the end of a major subsection. The interviewer gives the patient the opportunity to bring up additional topics or points not covered in the interview.	The interviewer provides the patient with the opportunity to discuss any additional points or ask any additional questions but neither encourages nor discourages him.			The interviewer fails to provide the patient with the opportunity to ask questions or discuss additional points. The interviewer may discourage the patient's questions.

ITEM 28 – CLOSURE

[5]	[4]	[3]	[2]	[1]
At the end of the interview the interviewer clearly specifies the future plans: What the interviewer will do (leave and consult, make referrals) What the patient will do (wait, make diet changes, go to Physical Therapy); When (the time of the next communication or appointment.)	At the end of the interview, the interviewer partially details the plans for the future.			At the end of the interview, the interviewer fails to specify the plans for the future and the patient leaves the interview without a sense of what to expect. There is no closure whatsoever.