# Supplementary Online Content

Chandawarkar RY, Ruscher KA, Krajewski A, et al. Pretraining and posttraining assessment of residents' performance in the fourth Accreditation Council for Graduate Medical Education competency: patient communication skills. *Arch Surg*. 2011;146(8):916-921.

**eAppendix.** Details of the MIRS Subset Used in the Present Study

This supplementary material has been provided by the authors to give readers additional information about their work.

## eAppendix: Details of the MIRS Subset Used in the Present Study

The individual items are stated in **Bold Text**, and the description of each grade (5, 3, or 1) is stated in plain text.

**Negotiates Priorities and Sets Agenda**
5. 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.

3. The interviewer elicits only partial concerns and therefore does not accomplish the complete patient agenda for today's visit.
The interviewer sets the agenda.

1. 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.

**Organization**
5. Questions in the body of the interview follow a logical order to the patient.

3. The interviewer seems to follow a series of topics or agenda items; however, there are a few minor disjointed questions.

1. The interviewer asks questions that seem disjointed and unorganized.

**Pacing of Interview**
5. 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.

3. 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.

1. The interviewer frequently interrupts the patient and there are awkward pauses, which break the flow of the interview.

**Questioning Skills—Types of Questions**
5. 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.

3. 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.

1. The interviewer asks many why questions, multiple questions, or leading questions.

**Questioning Skills—Summarizing**
5. 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 history, focused history: one summary is sufficient)

3. 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.

1. The interviewer fails to summarize any of the data obtained.

**Questioning Skills—Lack of Jargon**
5. 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.

3. 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.

1. The interviewer uses difficult medical terms and jargon throughout the interview.

**Verbal Facilitation Skills**
5. The interviewer uses facilitation skills throughout 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.

3. The interviewer uses some facilitative skills but not consistently or at inappropriate times.
Verbal encouragement could be used more effectively.

1. The interviewer fails to use facilitative skills to encourage the patient to tell his story.

**Nonverbal Facilitation Skills**
5. 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.

3. 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.

1. 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.

**Empathy and Acknowledging Patient Cues**
5. The interviewer uses supportive comments regarding the patient's emotions.
The interviewer uses NURS (name, understand, respect, support) or specific techniques for demonstrating empathy.

3. The interviewer is neutral, neither overly positive nor negative in demonstrating empathy.

1. No empathy is demonstrated. The interviewer uses a negative emphasis or openly criticizes the patient.

**Patient's Perspective (Beliefs)**
5. The interviewer elicits the patient's healing practices and perspectives on his illness, including his beliefs about its beginning: **F**eelings, **I**deas of cause, **F**unction, and **E**xpectations (FIFE).

3. The interviewer elicits some of the patient's perspective on his illness

AND/OR
The interviewer does not follow through with addressing beliefs.

1. The interviewer fails to elicit the patient's perspective.

**Impact of Illness on Patient and Patient's Self-image**
5. 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.

3. 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.

1. The interviewer fails to acknowledge any impact of the illness on the patient's life or self-image.

**Support Systems**
5. 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.

3. The interviewer determines some of the available support.

1. The interviewer fails to determine what support is currently available to the patient.

**Patient's Education and Understanding**

5. 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.

3. 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.

1. 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.

**Achieve a Shared Plan**
5. 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.

3. The interviewer discusses the diagnosis and/or prognosis and plan but does not allow the patient to contribute.
Lacks full quality.

1. The interviewer fails to discuss diagnosis and/or prognosis.

**Encouragement of Questions**
5. 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.

3. The interviewer does not specifically ask if there are questions, but the climate and the pace of the interview allow them.

1. 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.

**Closure**
5. 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).

3. At the end of the interview, the interviewer partially details the plans for the future.

1. 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.