Sets the Stage	
1	Knocks on door before entering or asks permission to enter patient's space
2	Greets patient appropriately
3	Thanks patient for waiting; apologizes if late
4	Ensures patient readiness and privacy
5	Determines how patient would like to be addressed and calls patient by preferred name (new patient)
6	Introduces self (new patient)
7	Starts with social talk/small talk (first and return visit)
8	Removes barriers to communication (sits down before starting interview, makes eye contact, uses open body language)
9	Makes patient comfortable
Elicits Chief Concerns/Sets the Agenda	
10	Indicates time available (e.g., "in this visit" or "in the time we have today")
11	Obtains list of all issues patient wants to discuss; asks patient to prioritize list
12	Indicates physician's needs
13	Summarizes agenda and negotiates
Begins with Non-Focusing Questions to Help Patient Express Self	
14	Starts with open-ended question (unless inappropriate)
15	Uses non-focusing, open-ended skills (uses open-ended questions, uses silence, makes neutral utterances, doesn't interrupt)
16	Obtains information from nonverbal sources
Uses Focusing Skills to Elicit Symptom Story, Personal and Emotional Content	
17	Obtains description of symptom(s) by eliciting physical symptom story in open-ended way, reflecting, echoing, requesting ("tell me more"), and summarizing
18	Explores personal context (broader personal/psychological context of symptoms; cultural, conceptual, social, and spiritual beliefs and attributions)
19	Elicits emotional context directly (e.g., "how did that make you feel?") or indirectly (impact on life); elicits beliefs about the problem, triggers for seeking care
20	Responds to patient's feelings/emotions using empathy by NURS (naming, understanding/legitimizing, respecting, supporting)
21	Expands the story by continuing to elicit personal and emotional context, addressing feelings and emotions

Transitions to Middle of Interview	
22	Summarizes history briefly
23	Checks accuracy (e.g., “is that correct?”)
24	Indicates content and style of inquiry will change when patient is ready; announces shift to doctor-centered questions
Obtains Remainder of History	
25	Obtains pertinent history via hypothesis testing to make accurate diagnosis/ differential
26	Sequences questions logically to demonstrate clinical reasoning
27	Avoids directive, leading questions (e.g., “you are not having any abdominal pain”)
28	Asks questions one at a time, allowing adequate time for patient to respond
29	Asks for relevant past medical history as pertains to chief complaint
30	Makes normalizing statements before questions
31	Asks for relevant family history as pertains to chief complaint
32	Asks relevant review of systems as pertains to chief complaint
	Wraps Up History
33	Ensures understanding of actual reason for patient’s visit using patient’s initial characterization of the problem
34	Addresses and answers all patient questions
	Uses Electronic Health Record (EHR) Appropriately
35	Greets the patient before turning to computer screen
36	Introduces EHR and how it will be used; asks for permission to type
37	Acknowledges review of the EHR or compliments the value of the EHR
38	Positions screen as a bridge, not a divider
39	Invites patient’s concerns rather than using the screen as a prompt
40	Shares screen with patient (invites patient to look at screen; reads what's being written)
41	Appropriately divides encounter into patient- and computer-focused stages
42	Explains prolonged typing or reading pauses (at least once)
43	Moves head, eyes, body to patient and removes hands from keyboard/mouse to give patient undivided attention when needed

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