

Paediatric Consultation Assessment Tool – Scoring Key

This tool is used to provide a detailed assessment of a doctor's communication skills. It is not usually used as a first line tool but is used to provide more detailed information when problems with communication have been suggested by other tools such as multi-source feedback. The tool should be administered by a senior clinician with experience in assessment. The setting is usually a standard outpatient setting and the assessor observes the complete consultation. It is often necessary to observe a number of consultations using this tool to obtain a reliable profile of performance.

Process Skills	1	3	5	7
Building the relationship				
Non-verbal skills: eye contact, open posture, avoids writing / reading notes	Minimal eye contact, obstructive posture, excessive reading or writing notes <i>with no explanation</i>	Minimal eye contact, awkward posture, refers to / writes in notes <i>with no explanation</i>	Quite good eye contact and posture, occasionally inappropriate nonverbal behaviour	Very good nonverbal skills ± <i>explains need to use notes</i>
Is empathetic and supportive – shows concern, responds to family's predicament	Ignores patient's predicament completely; totally unsupportive <i>role</i>	Minimal response to parent/child's predicament, limited support	Warmth towards family but occasionally poor response to predicament	Much warmth and natural empathy throughout consultation
Appropriately engages child from the early stages of consultation	Completely ignores child	Almost completely ignores child or is awkward / inappropriate	Engages child but occasionally inappropriate, insensitive or overpowering	Sensitively <i>tries to engage</i> child, adjusting approach to child's response
Initiating the session				
Introduces self, clarifies role, determines who is present	Does not establish who is present	Minimal information clarified	Most but not all is clarified eg self and role, but not family members	Explains role and identity, sensitively determines who is present
Identifies reasons for the consultation –the doctor's <i>and</i> family's	Neither explains purpose for consultation nor checks family's reasons	Limited coverage of own or family's reasons for consultation	Explains own reasons for consultation; responds poorly to family's reasons	Explains own reasons for consultations <i>and</i> acknowledges those of family
Screens for other problems and negotiates the agenda for the consultation	No check for other problems and no agenda identified	Screens for but ignores other problems	Screens but no agenda set / only doctors needs are discussed	Screens for and responds to other problems, contracts a clear agenda with family
Gathering information				
Listens attentively, facilitating verbally and non-verbally	Interrupts all the time <i>or</i> invalidates family's story <i>or</i> excessive use of notes	Interrupts moderately often <i>or</i> poor facilitation <i>or</i> a little too much use of notes	Moderate facilitation with occasional interruption	Shows interest by verbal and non-verbal facilitation, good use of silence

Picks up and responds to verbal and non-verbal cues	No response to obvious verbal nonverbal cues <i>or</i> is rude in response	Minimal response to verbal / non-verbal cues (despite being present)	Picks up and responds to cues but occasionally misses cues	Repeatedly picks up verbal and nonverbal cues, with sensitive response
Uses appropriate questioning techniques (eg open → closed questions)	Obstructs patient narrative, exclusive use of closed questions	Too little space for narrative <i>or</i> too many closed too early	Appropriate questioning, a few too many closed questions	Natural sequence of questions, sensitive questioning style for all family members
Explores parent/child's ideas, concerns, feelings, expectations	Does not explore parent/child's perspective at all, obstructs discussion	Limited or awkward discussion of parent/child's perspective	Moderate amount of exploration of parent/child's perspective	Sensitively explores and values parent/child's perspective

Process Skills

1

3

5

7

Physical examination				
Prepares for examination eg by attending to privacy, toys	Does not prepare for examination at all	Minimal preparation for examination	Some preparation for examination	Carefully attends to accessories, seating, others in room, etc
Maintains rapport with the child throughout the examination	No rapport: is rude or abrupt, <i>or</i> ignores child	Some effort to develop rapport but still awkward	Good rapport but occasional inappropriate behaviour	Sensitively maintains rapport throughout examination process

Explanation and Planning

Tailors amount and type of information for parent/s and child	No attempt at all to adjust information to parent/child's needs	Determines but does not respond to starting point, little chunking and checking	Some tailoring / chunking of info but could still be better	Checks starting point, tailors information well
Uses skills which aid recall and understanding	Muddled information, lots of jargon, no checking for understanding	Disorganised information, a little jargon, limited or no checking for understanding	Organised information, a little jargon, some checking for understanding	Well-organised, jargon-free info, repeated checks for understanding ± asks for restate
Incorporates parent/child's perspective into explanation	Completely ignores or belittles perspective	Limited incorporation of parent/child's perspective into explanation	Some incorporation of parent/child's perspective into explanation	Very good incorporation of parent/child's perspective into explanation
Involves parent/s and child in decision making	Prescriptive management plan, no consideration of family's wishes	Describes options but still offers little choice to parent/child	Some involvement of parent/child in decision making	Parent/child fully participant in decision making

Closure				
Establishes and clarifies next steps with parent/s and child	Does not establish or clarify next steps at all	Some plans re next steps made, but no cross-checking with family	Clear plans made re next steps but not fully cross-checked with family	Carefully explains next steps <i>and</i> cross-checks with family if acceptable and understood
Makes contingency plans	No contingency plans <i>or</i> disparages requests for contingencies	Limited or transparently impractical contingency plans	Contingency plans made but not clarified with family	Clear contingency plans clarified with family

Structuring				
Uses skills which provide structure (eg summarising and signposting)	Neither of skills used at all, despite opportunity <i>OR chaotic consultation without being patient-centred</i>	Minimal use of summarising and signposting, despite opportunity	Some use of summarising and signposting, <i>could have beneficially used more</i>	Very good (abundant and appropriate) use of summarising and signposting