

**Looking for RESPECT: An observation exercise or assessment tool for demonstrating ACGME competencies**

The RESPECT model conveys a value essential to clinical practice and required for all effective communication. It also offers a handy list of essential components to optimize health care encounters for both patient and physician, especially important when facing additional differences of culture, race, ethnicity, class, etc. between the parties. *Note non-verbal as well as verbal behaviors regarding the following*

R	<p>Did the physician convey Respect? If so, in which ways?</p> <p>What seemed to be the patient's reaction?</p>
E	<p>What did the doctor learn about the patient's Explanatory model of the illness and ideas of what might help? i.e.the patient's answers to 'What's wrong with me? What do I think will make me better?'</p>
S	<p>How does the patient's life affect his illness? How does his illness affect his life?</p> <p>What did the doctor learn about the Social context of the patient <i>including Stressors, Supports, Strengths, Spiritual beliefs and practices</i> which might affect health, treatment, expectations, or relationships with the doctor and healthcare system?</p>
P	<p>What expectations and preferences did the patient and doctor each seem to have for the Power relationship? <i>Notice both non-verbal and verbal cues. Pay attention to displays of deference, control, hierarchy.</i></p> <p>Who does the talking? Who determines the agenda?</p> <p>What did the doctor or patient do or say during the encounter which seemed to empower or disempower either party? Does the doctor seek the patient's input and preferences or simply announce to the patient what will happen?</p>
E	<p>What opportunities were there for the doctor to convey Empathy?</p> <p>What did the doctor do or say which conveyed an understanding of the patient's experience and its significance to the patient?</p> <p>What were the patient's responses?</p>
C	<p>Are there any Concerns and fears which underlie or coexist with the patient's presenting problems?</p> <p>What prompted the patient to share these? What did the physician do to elicit or facilitate this fuller, possibly more emotional disclosure?</p>
T	<p>What seemed to be the patient's initial level of Trust? What did the doctor say or do during the interview which seemed to modify the patient's level of Trust? <i>What verbal and non-verbal indicators did you notice?</i></p> <p>Was a Therapeutic plan created? Did the doctor and patient reach common ground regarding the problem and the approach to diagnosis and treatment? What evidence is there that the patient wants and is able to follow the treatment plan? What may be obstacles and/or disagreements about the next steps? If there remained divergent preferences at the end of the interview, was the doctor able to negotiate a partnership based on other shared goals?</p>