III.

Gap—Kalamazoo Communication Skills Assessment Form

Versions:
Clinician/Faculty (This version can also be used by Peer Facilitators)
Self-Assessment
Parent/Family (6th grade reading level)
The Kalamazoo Consensus Statement Assessment Tools

**Background:** The Kalamazoo Consensus Statement\(^1\) identifies seven evidence-based “essential elements,” or tasks, of effective physician–patient communication and provides skill competencies for each element.

Twenty-one medical education leaders and communication experts from the United States and Canada developed the Kalamazoo Consensus Statement (KCS) in 1999\(^1\), and then met in subsequent years to create the *Kalamazoo Essential Elements Communication Checklist* and other resources. Members of this group are listed in the original KCS article.\(^1\)

The Kalamazoo Consensus Statement group outlined key communication skills for building therapeutic relationships with patients and families. Their goal was to delineate a set of essential elements in physician–patient communication in order to identify and articulate ways to facilitate teaching and assessment of communication skills at all levels of medical education.

There are 3 published Kalamazoo Consensus Statement Assessment Tools/Checklists*:

1. **Kalamazoo Essential Elements Communication Checklist**
2. **Kalamazoo Essential Elements Communication Checklist—Adapted***
3. **Gap–Kalamazoo Communication Skills Assessment Form** (Versions: Clinician/Faculty; Patient/Family; Peer Facilitator; Self-Assessment)

These three instruments have been used in undergraduate, graduate, and post-graduate medical education and other healthcare education programs, nationally and internationally, as well as in various research studies.

**Information, resources, and access instructions for the 3 Kalamazoo instruments are listed below:**

1. **Kalamazoo Essential Elements Communication Checklist**

   The KCS group developed this instrument. It includes 7 core communication competencies and 24 sub-competencies. Learners’ performance is rated on the competencies and sub-competencies using categorical ratings: done well, needs improvement, not done, not applicable.


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   **Selected Resources:**
II. Kalamazoo Essential Elements Communication Checklist—Adapted*

The KCS-Adapted instrument was minimally modified at Harvard Medical School by Rider and colleagues using global ratings on a Likert scale (1 = poor to 5 = excellent) for the 7 KCS competencies. A second version used a Likert scale for both the 7 competencies and 24 sub-competencies.


Contact for permission to use: Elizabeth A. Rider, MSW, MD – elizabeth_rider@hms.harvard.edu (member, Kalamazoo Consensus Group)

Selected Resources:

*Note: To preserve the integrity of the instruments, and of ongoing and past research utilizing these instruments, we recommend that you use only the authentic published Kalamazoo Essential Elements Communication Checklist—Adapted, and not one using the same name but with different content that has been found on the Internet.

III. Gap–Kalamazoo Communication Skills Assessment Form
(Versions: Clinician/Faculty; Patient/Family; Peer Facilitator; and Self-Assessment)

Calhoun, Rider, and colleagues used the Kalamazoo Consensus Statement framework and 360-degree assessment models to develop a multi-rater methodology with gap analysis, and studied this methodology for individual and team assessments in interdisciplinary, simulation-based communication skills programs. This innovative methodology can be used to assess communication skills and self-insight, and to encourage self-reflection in the learner. This assessment tool includes the original seven competencies of the Kalamazoo Consensus Statement framework and two additional dimensions: demonstrates empathy and communicates accurate information.

The Gap–Kalamazoo Communication Skills Assessment Form contains Likert-scale, forced-choice, and free-text fields, enabling it to provide absolute and relative scores for each aspect of communication and specific comments regarding strengths and areas needing improvement. A similar version of the instrument, which includes language written at a sixth grade reading level, was created for actual or simulated patient/family use.

The Gap–Kalamazoo Communication Skills Assessment Form has high measures of internal consistency, with a Cronbach’s alpha of 0.84 for the original seven Kalamazoo dimensions, and 0.87 for the nine dimensions of the expanded instrument. Factor analysis indicated that all nine dimensions of the expanded instrument contributed to a single measured construct.

Contacts for permission to use: Aaron Calhoun, MD – aaron.calhoun@louisville.edu and Elizabeth A. Rider, MSW, MD – elizabeth_rider@hms.harvard.edu (member, Kalamazoo Consensus Group)

Selected Resources:

The three Kalamazoo Consensus Statement instruments are published and under copyright. **We welcome your interest and use of these instruments. Please contact us as indicated for permission to use or adapt.**

*Note: To preserve the integrity of the instruments, and of ongoing and past research utilizing these instruments, we recommend that you use only the authentic published *Kalamazoo Essential Elements Communication Checklist—Adapted*, and not one using the same name but with different content that has been found on the Internet.*

References:

10/2013
Gap-Kalamazoo Communication Skills Assessment Form*

Clinician/Faculty:

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<thead>
<tr>
<th>How well does the participant do the following:</th>
<th>1 Poor</th>
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A. Builds a Relationship (includes the following):
- Greets and shows interest in the patient and patient’s family
- Uses words that show care and concern throughout the interview
- Uses tone, pace, eye contact, and posture that show care and concern
- Responds explicitly to patient and family statements about ideas and feelings

B. Opens the Discussion (includes the following):
- Allows patient and family to complete opening statements without interruption
- Asks “Is there anything else?” to elicit full set of concerns
- Explains and/or negotiates an agenda for the visit

C. Gathers Information (includes the following):
- Addresses patient and family statements using open-ended questions.
- Clarifies details as necessary with more specific or “yes/no” questions
- Summarizes and gives family opportunity to correct or add information
- Transitions effectively to additional questions

D. Understands the Patient’s and Family’s Perspective (includes the following):
- Asks about life events, circumstances, other people that might affect health
- Elicits patient’s and family’s beliefs, concerns, and expectations about illness and treatment

E. Shares Information (includes the following):
- Assesses patient’s and family’s understanding of problems and desire for more information
- Explains using words that family can understand
- Asks if family has any questions

F. Reaches Agreement (If new/changed plan) (includes the following):
- Includes family in choices and decisions to the extent they desire.
- Checks for mutual understanding of diagnostic and/or treatment plans
- Asks about acceptability of diagnostic and/or treatment plans
- Identifies additional resources as appropriate

G. Provides Closure (includes the following):
- Asks if patient and family have questions, concerns or other issues
- Summarizes
- Clarifies future time when progress will again be discussed
- Provides appropriate contact information if interim questions arise
- Acknowledges patient and family, and closes interview
H. Demonstrates Empathy (includes the following):

- Clinician’s demeanor is appropriate to the nature of the conversation
- Shows compassion and concern
- Identifies/labels/validates patient’s and family’s emotional responses
- Responds appropriately to patient and family’s emotional cues

I. Communicates Accurate Information (includes the following):

- Accurately conveys the relative seriousness of patient’s condition.
- Took other participating clinician’s input into account.
- Clearly conveys expected disease course.
- Clearly presents and explains options for future care.
- Gives enough clear information to empower decision making.

What did this clinician do the best at? (Please pick three choices)

- Builds a Relationship
- Opens the Discussion
- Gathers Information
- Understands the Patient’s and Family’s Perspective
- Shares Information
- Reaches Agreement
- Provides Closure
- Demonstrates Empathy
- Communicates Accurate Information

Why did you choose those particular answers?

What could this clinician improve on? (Please pick three choices)

- Builds a Relationship
- Opens the Discussion
- Gathers Information
- Understands the Patient’s and Family’s Perspective
- Shares Information
- Reaches Agreement
- Provides Closure
- Demonstrates Empathy
- Communicates Accurate Information

What could they have done better?

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**Gap-Kalamazoo Communication Skills Assessment Form**

**Self Assessment**

How well do you feel you did the following:

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### What did this clinician do the best at? (Please pick three choices)

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- Reaches Agreement
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### Why did you choose those particular answers?

### What could this clinician improve on? (Please pick three choices)

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### What could they have done better?

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*Adapted from*: Essential Elements: The Communication Checklist, ©Bayer-Fetzer Group on Physician-Patient Communication in Medical Education, May 2001, and from: The Bayer-Fetzer Conference on Physician-Patient Communication in Medical Education. Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement. *Academic Medicine* 2001; 76:390-393. **Contacts**: Elizabeth Rider, MSW, MD - elizabeth_rider@hms.harvard.edu (member, Kalamazoo Consensus Statement Group) and Aaron Calhoun, MD - aaron.calhoun@louisville.edu (PERCS Program)

**Gap-Kalamazoo Communication Skills Assessment Form**

**Parent/Family:**

How well did your child’s doctor do at...

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**A. Builds a Relationship:**

- The doctor was really interested in my family.
- The doctor’s words showed that he/she cared for my child.
- The doctor seemed to care about our feeling and what we wanted.
- The doctor’s body language showed that he/she cared for my child.

**B. Opens the Discussion:**

- The doctor let us finish things we had to say without interrupting.
- The doctor asked us about other things that might be worrying us.
- The doctor clearly explained why we were meeting.

**C. Gathers Information:**

- The doctor didn’t try to force the conversation with his/her questions.
- The doctor asked us for more detail about things that we said.
- The doctor would occasionally repeat back what we had said as a summary.
- The doctor did not seem to interrupt us as he/she asked their own questions.

**D. Understands the Patient’s and Family’s Perspective:**

- The doctor asked about parts of our lives and personal histories that would affect health.
- The doctor showed interest in our personal beliefs and concerns.
- The doctor asked what we thought about the treatments and tests being done.

**E. Shares Information:**

- The doctor asked what we understood about our child’s illness.
- We understood the words our doctor used to describe our child’s illness.
- The doctor would check to see if we had any questions after each explanation.
- The doctor gave us enough time to think about what he/she had said before moving on.

**F. Reaches Agreement:**

- The doctor included us in all the decisions that were being made.
- The doctor made sure that we understood what the next step would involve.
- The doctor asked what our feelings were about those plans before making any decisions.
- The doctor brought in outside help when we needed it. (Social Work, Pastor)

**G. Provides Closure:**

- The doctor made sure that we had no more questions before leaving.
- The doctor gave a summary at the end of what we had talked about.
- The doctor set a time to meet again.
- The doctor told us who to call if we had more questions.
- The doctor showed a real interest in our family as people as he/she ended the meeting.
H. Demonstrates Empathy:

- The doctor showed compassion for our family
- The doctor seemed to understand how we were feeling.
- The doctor responded to how we felt in a way that made sense to us.

I. Communicates Accurate Information:

- The doctor clearly explained our child’s condition
- The doctor clearly explained what our options were
- The explanations our doctor gave were good enough for us to make important decisions.

What did this doctor do the best at? (Please pick three choices)

- Builds a Relationship
- Opens the Discussion
- Gathers Information
- Understands the Patient’s and Family’s Perspective
- Shares Information
- Reaches Agreement
- Provides Closure
- Demonstrates Empathy
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Why did you choose those particular answers?


What could this doctor improve on? (Please pick three choices)

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What could they have done better?


