Appendix A

Interviewer Rating Scale (Russell, 2006)

Circle the number that best reflects your judgment of the interviewer’s performance

- **Identification of the patient’s biomedical and psychosocial contexts**
  1. Skilful collection of all relevant biomedical data
     Skilful collection of all relevant psychosocial data
     Consistently interprets both contexts accurately and perceptively
     Consistently integrates data gathered from both contexts to care for patient
  2. Not as good as in A, with minor errors and/or omissions
  3. Sufficient collection of relevant biomedical data
     Sufficient collection of relevant psychosocial data
     Interpretation of both contexts is mostly accurate
     Biomedical and psychosocial data are not consistently integrated, but no harm will come to the patient
  4. Insufficient data collection and/or interpretation in many respects
  5. Biomedical data collection incomplete or wrong
     Psychosocial data collection incomplete or wrong
     Fails to interpret either or both contexts correctly
     Fails to integrate biomedical and psychosocial contexts

- **Response to the patient’s feelings, needs and values (empathy)**
  1. Responds to patient cues consistently in a perceptive and genuine manner
  2. Not as perceptive or consistent as in A, depending upon difficulty of context
  3. Responds to patient’s cues, but not consistently and/or always effectively
  4. Frequent inattention or inappropriate responses
  5. Does not respond to obvious patient cues (verbal, tonal, and/or non-verbal)

- **Management of the interview**
  1. Plans consistently and skilfully integrates and balances biomedical and psychosocial issues.
     Demonstrates flexibility and control of transitions
     Consistent control of the interview
  2. Not as consistent or skilful as in A, major issues clear, but some minor omissions
  3. Plan is formulaic, minimally flexible, or vague
     Does not consistently balance biomedical and psychosocial issues
     Control of the interview is inconsistent
  4. Plan contains major gaps of logic, such that it may not be clear to the patient
  5. No recognizable plan to the interaction
     The plan is not clear to the patient, and/or the patient must determine the direction of the interview
• **Non-verbal expression (eye contact, gesture, posture, use of silence, etc)**
  1. Exhibits finesse and command of non-verbal expression
  2. Exhibits sufficient command of non-verbal expression, although with less finesse than in A.
  3. Exhibits sufficient control of non-verbal expression to engage the patient. Patient must overlook deficiencies such as passivity, self-consciousness or inappropriate aggressiveness
  4. Major deficiencies in non-verbal expression, such as would be noted by the patient
  5. Fails to engage, frustrates, sends mixed messages, and/or antagonizes patient

• **Linguistic (verbal and tonal) expression**
  1. Exhibits command of all features of expression
  2. Good command of expression, although not at native speaker level
  3. Exhibits sufficient control of expression to be understood by the patient
  4. Expression difficult to understand, or patient has to apply effort to understand
  5. Communicates in a manner that interferes with and/or prevents understanding.
     Communicates inappropriately with the patient

If there are significant language issues, refer to the ‘Assessment of Spoken English’ scale – Appendix C.