

Physician Observation

Instructions

1. Before observing, obtain permission from the health worker and the patient.
2. Make sure that the service provider knows that you are not there to evaluate him or her.
3. Make sure not to intervene when observing. Observe quietly, as if you are not in the room.
4. May observe a patient who is a member or non-member of PhilHealth.

OBSERVER TOOL REVIEW

1 **Observer's Name, Signature** _____

2 **Date and Time of Observation**

Date

m	m	d	d	y	y	y	y

BP Taking

3 **Time Started**
[] [] : [] [] AM
PM

4 **Time Finished**
[] [] : [] [] AM
PM

Physician Interactions

5 **Time Started**
[] [] : [] [] AM
PM

6 **Time Finished**
[] [] : [] [] AM
PM

7 **Supervisor's Name, Signature** _____

8 **Date and Time of Review of Supervisor**

Date

m	m	d	d	y	y	y	y

Time

		:		
				AM PM

I. IDENTIFICATION. Direction: Completely answer all questions and encircle the appropriate code.

ID0 Survey ID Number _____

ID1 Region _____

ID2 Province _____

ID3 City/Municipality _____

ID4 Name of Health Facility _____

Health Worker Observed for BP Taking (Items ID5 to ID8 pertain to health worker observed in Part II):

ID5 Health Worker's Name _____

ID6 Health Worker's Age years (as of last birthday)

ID7 Health Worker's Sex 1 - Male 2 - Female

ID8 Health Worker's Item in RHU
1 - Nurse
2 - Midwife
3 - Others, specify _____

Physician Observed for Interaction (Items ID9 to ID11 pertain to the physician observed in Part III):

ID9 Physician's Name _____

ID10 Physician's Age (as of last birthday) years

ID11 Physician's Sex 1 - Male 2 - Female

Patient:

ID12 Patient's Name _____

ID13 Patient's Age (as of last birthday) years

ID14 Patient's Sex 1 - Male 2 - Female

ID15 Pertinent chief complaint in seeking consultation

ID16 Philhealth Membership

- 1 - Member
- 2 - Dependent
- 3 - Non-member (Skip to ID19)
- 33 - Don't Know (Skip to ID19)

ID17 If member or dependent, PhilHealth ID#

- 33 - Don't Know

ID18 PhilHealth membership type

- 1 - Sponsored, NHTS
- 2 - Sponsored, Province or Municipality or City
- 3 - Organized Group
- 4 - Overseas Filipino Worker
- 5 - Department of Education (DepEd) employee
- 6 - Employed (whether gov't or private, other than Dep Ed)
- 7 - Individually Paying
- 8 - Lifetime Member
- 33 - Don't Know

ID19 According to the patient's chart, has the patient previously sought consult for hypertension?

- 1 - Yes
- 3 - No
- 4 - Cannot be determined
- 77 - No Data Available

PART II. OBSERVATION OF BLOOD PRESSURE TAKING

A0 **VITAL SIGNS**

A0.1 Was BP taken on this visit? 1 - Yes 2 - No

A1 **BP MEASUREMENT. Complete the checklists. Encircle the appropriate code for the answer.**

A1.1 **EQUIPMENT**

A1.1.1 Does the BP apparatus have a mercury-type manometer? 1 -Yes 2 -No 3 -Can't tell

A1.1.2 Did the stethoscope chestpiece have a bell side? 1 -Yes 2 -No 3 -Can't tell

A1.2 **PREPARATION**

A1.2.1 Was patient asked if he had smoked within 30 minutes before BP was taken? 1 -Yes 2 -No 3 -Can't tell

A1.2.2 Was patient asked if he had coffee within 30 minutes before BP was taken? 1 -Yes 2 -No 3 -Can't tell

A1.2.3 Was the procedure explained to the patient? 1 -Yes 2 -No 3 -Can't tell

A1.2.4 Was the arm in which blood pressure was measured bare to the shoulder? 1 -Yes 2 -No 3 -Can't tell

A1.2.5 Was the patient's arm supported on a table at heart level? 1 -Yes 2 -No 3 -Can't tell

A1.2.6 Was the manometer at eye level of the health care provider? 1 -Yes 2 -No 3 -Can't tell

A1.3 **CUFF SIZING AND PLACEMENT**

- A1.3.1** Did this patient need a smaller size cuff? 1 -Yes 2 -No 3 -Can't tell
(If NO, Skip to A1.3.3)
- A1.3.2** Was a different sized cuff available for smaller patients? 1 -Yes 2 -No 3 -Can't tell
- A1.3.3** Was the whole cuff placed on a bare upper arm? 1 -Yes 2 -No 3 -Can't tell
- A1.3.4** Was the cuff placed approximately 2 cms above the elbow crease? 1 -Yes 2 -No 3 -Can't tell

A1.4 **BP MEASUREMENT**

- A1.4.1** Was the palpated systolic BP determined prior to BP measurement? 1 -Yes 2 -No 3 -Can't tell
- A1.4.2** Was the bell side of the stethoscope chestpiece used in BP measurement? 1 -Yes 2 -No 3 -Can't tell
- A1.4.3** Was the stethoscope touching the patient's clothing or the BP cuff? 1 -Yes 2 -No 3 -Can't tell
- A1.4.4** Was the cuff deflated at a rate of 2mm Hg per second? 1 -Yes 2 -No 3 -Can't tell
- A1.4.5** Was a second BP measurement done after a couple of minutes? 1 -Yes 2 -No 3 -Can't tell
- A1.4.6** Was the BP measurement shared with the patient? 1 -Yes 2 -No 3 -Can't tell

C	Was patient asked to have cholesterol level determination?	1 -Yes	2 -No	3 -Can't tell
D1	Does the patient appear overweight?	1 -Yes	2 -No	3 -Can't tell
			(Skip to E)	(Skip to E)
D2	Advised overweight patients to reduce weight.	1 -Yes	2 -No	3 -Can't tell
E	Was the relationship between body weight and blood pressure explained to the patient?	1 -Yes	2 -No	3 -Can't tell
F	Explained that a reduction in salt intake reduces blood pressure	1 -Yes	2 -No	3 -Can't tell
G1	Advised not to add salt during cooking, use fresh products with little salt	1 -Yes	2 -No	3 -Can't tell
G2	Advised to limit intake of fatty food	1 -Yes	2 -No	3 -Can't tell
H	Explained that physical exercise and sport reduce blood pressure	1 -Yes	2 -No	3 -Can't tell
I	Advised exercise	1 -Yes	2 -No	3 -Can't tell
J1	Is the patient an alcohol drinker?	1 -Yes	2 -No	3 -Can't tell
			(Skip to K)	(Skip to K)
J2	Advised limiting of alcohol consumption	1 -Yes	2 -No	3 -Can't tell
K	Discussed risk related to family history of the condition	1 -Yes	2 -No	3 -Can't tell

L	Discussed compliance to medications	1 -Yes	2 -No	3 -Can't tell
M	Provided information about the importance of other lifestyle modifications	1 -Yes	2 -No	3 -Can't tell
N	Provided information about the importance of follow-up	1 -Yes	2 -No	3 -Can't tell
O	PROCESS			
O1	Maintained patient's privacy	1 -Yes	2 -No	3 -Can't tell
O2	Avoided directing/leading questions	1 -Yes	2 -No	3 -Can't tell
O3	Gave the patient the opportunity or time to talk	1 -Yes	2 -No	3 -Can't tell
O4	Listened. Gave the patient undivided attention.	1-Yes	3-No	5-Can't tell
O5	Checked/clarified information	1 -Yes	2 -No	3 -Can't tell
O6	Adapted explanation to patient's level of understanding	1 -Yes	2 -No	3 -Can't tell
O7	Expressed caring, concern, empathy	1 -Yes	2 -No	3 -Can't tell
O8	Maintained a respectful tone	1 -Yes	2 -No	3 -Can't tell