

# 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

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m m

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d d

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y y y y

### BP Taking

3 Time Started  

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 AM  
PM

4 Time Finished  

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 AM  
PM

### Physician Interactions

5 Time Started  

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 AM  
PM

6 Time Finished  

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 AM  
PM

7 Supervisor's Name, Signature \_\_\_\_\_

8 Date and Time of Review of Supervisor

Date

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m m

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d d

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y y y y

Time

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AM PM

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

**ID0** Survey ID Number \_\_\_\_\_

**ID1** Region \_\_\_\_\_ 

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**ID2** Province \_\_\_\_\_ 

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**ID3** City/Municipality \_\_\_\_\_ 

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**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 \_\_\_\_\_

**ID 6** Health Worker's Age 

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 years (as of last birthday)

**ID 7** Health Worker's Sex 1 - Male 2 - Female

**ID 8** 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) 

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 years

**ID11** Physician's Sex 1 - Male 2 - Female

**Patient:**

**ID12** Patient's Name \_\_\_\_\_

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

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 years

**ID14** Patient's Sex 1 - Male 2 - Female

**ID15 Pertinent chief complaint in seeking consultation**

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**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#**

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- 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

**B. Patient blood pressure during this consultation**

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**Complete the checklist, indicating whether the following were observed or not during the consultation by encircling the appropriate code.**

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|-----------|--|--------|----------------------|------------------------------|
| <b>B1</b> | <b>Is the patient a smoker?</b>  | 1 -Yes | 2 -No<br>(Skip to C) | 3 -Can't tell<br>(Skip to C) |
| <b>B2</b> | <b>Explained to current smokers that smoking is a strong risk factor for cardiovascular disease.</b> | 1 -Yes | 2 -No<br>(Skip to C) | 3 -Can't tell<br>(Skip to C) |
| <b>B3</b> | <b>Advised current smokers to stop smoking.</b>  | 1 -Yes | 2 -No                | 3 -Can't tell                |

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

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