

## Rubric for Grading the Patient Engagement Self-Assessment

- 1.) When speaking professionally to another person about behavior change, I believe they have at least some of the knowledge they need to be successful.  
**AGREE = 1 point**
- 2.) I know what is best when it comes to what people should change and how they should change it, so I rarely ask for their input.  
**DISAGREE = 1 point**
- 3.) I think open-ended questions are more helpful than close ended questions, even if it means the other person talks more than me during a conversation.  
**AGREE = 1 point**
- 4.) When I hear someone talk about why they should continue a risky behavior, it means they don't want to change it.  
**DISAGREE = 1 point**
- 5.) I consistently use reflective listening to check my understanding of what I hear others say when speaking to them professionally.  
**AGREE = 1 point**
- 6.) Reflections aren't important because the person knows what they just said.  
**DISAGREE = 1 point**
- 7.) I believe that affirming the good qualities within another person is more helpful than pointing out the no so good things.  
**AGREE = 1 point**
- 8.) I can hear change talk, even if it is mixed in with other things like sustain talk or discord.  
**AGREE = 1 point**
- 9.) If someone gets upset with me during a conversation about behavior change, I do not know how to figure out what role I may have played in those feelings.  
**DISAGREE = 1 point**
- 10.) If someone is "on the fence" about change, I let them know this is a very common part of the behavior change process for many people.  
**AGREE = 1 point**
- 11.) I consistently use summaries to gather up the change talk and strengths that other people have shared during our behavior change conversation.  
**AGREE = 1 point**

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**12.)** If someone does not take the suggestion, I made about they should change their risky behavior, it is because they are not really that concerned it.

**DISAGREE = 1 point**

Numbers where “**DISAGREE**” is the most consistent with proficient patient engagement:

2, 4, 6, 9, 12

Numbers where “**AGREE**” is the most consistent with proficient patient engagement:

1, 3, 5, 7, 8, 10, 11

**Where you fall on the Patient Engagement Continuum based upon your answers:**

**1** ----- **3** ----- **6** ----- **9** ----- **12**

The higher the score on the continuum, the more likely there is proficient use of skills.

Eliciting and strengthening change talk is the more advanced use of PE/MI skills

**1 = Fundamentally inconsistent** which is the absence of PE Intentions and Skills. The conversation has no indicators representing a client-centered approach.

**3 = Generally inconsistent** which is the near absence of PE Intentions and Skills. May intentionally or unintentionally hit some elements of PE, yet the conversation does not fully represent a client-centered approach.

**6 = Client centered/neutral** which is the use of many PE Intentions and Skills, but this does not occur consistently. Notable attempts to align conversations with PE Intentions and Skills occur, either intentionally or unintentionally, and the conversation remains focused on the client even though there is little effort to elicit and strengthen change talk.

**9 = Competently** which includes being client centered while consistently using PE Intentions and Skills. Intentionally and purposefully focuses on and demonstrates PE Intentions and Skills. Takes some steps to elicit and strengthen change talk.

**12 = Proficiently** which includes being client centered while continuously using PE Intentions and Skills. Expertly demonstrates advanced and skillful use of PE Intentions and Skills. Conversation embodies an empowering, forward moving approach that consistently elicits and strengthens change talk.

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