

Described a **BEST CASE** outcome

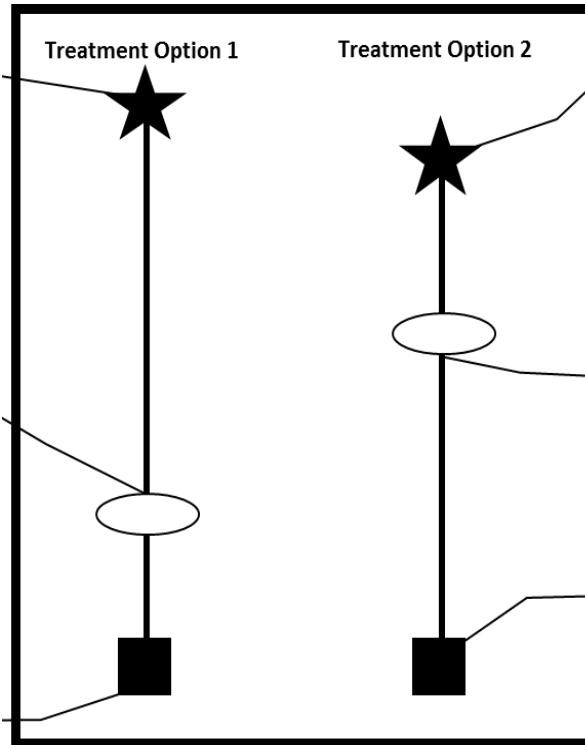
No Yes

Described a **MOST LIKELY** outcome

No Yes

Described a **WORST CASE** outcome

No Yes



Described a **BEST CASE** outcome

No Yes

Described a **MOST LIKELY** outcome

No Yes

Described a **WORST CASE** outcome

No Yes

Graphic aid shows at least 2 possible treatments, clearly named, and for each treatment there is a vertical line with a box, star, and oval/mark to indicate most likely	No <input type="checkbox"/> Yes <input type="checkbox"/>
Written diagram includes written Best Case, Worst Case and Most Likely outcomes for each treatment offered	No <input type="checkbox"/> Yes <input type="checkbox"/>
Used patient-friendly terminology in the written diagram	No <input type="checkbox"/> Yes <input type="checkbox"/>
Wrote "what is important to you now?" or equivalent phrase on the graphic aid	No <input type="checkbox"/> Yes <input type="checkbox"/>
Broke bad news (e.g. "I have bad news...")	No <input type="checkbox"/> Yes <input type="checkbox"/>
Used narrative/ told a story when describing outcomes	No <input type="checkbox"/> Yes <input type="checkbox"/>
Included patient's chronic medical conditions in discussion about treatment outcomes	No <input type="checkbox"/> Yes <input type="checkbox"/>
Used questions or phrases to encourage deliberation	No <input type="checkbox"/> Yes <input type="checkbox"/>
Made a recommendation linked to patient preferences	No <input type="checkbox"/> Yes <input type="checkbox"/>

RESIDENT ID: _____

TOTAL SCORED POINTS: _____ / 15

ADDITIONAL COMMENTS: