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## **OBGYN BI-MI Proficiency Rating Scale - Standardized Patient Version**

*Instructions immediately following Avatar SBI Encounter: Please indicate to what extent the trainee engaged in the following during this simulated screening and brief intervention, and then share specific information from items 12 and 13 with the trainee as constructive feedback to enhance their learning.*

|   | Didn't do<br>this        | Attempt<br>ed could<br>improve | Nearing<br>Acceptab<br>le<br>Skill | Done<br>Well             | Done<br>Very<br>Well     |
|---|--------------------------|--------------------------------|------------------------------------|--------------------------|--------------------------|
| 1. Asked for permission to talk about my alcohol use.                             | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assessed quantity, frequency, and consequences of my alcohol use.              | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Explained specific NIAAA low risk drinking guidelines, and health risks to me. | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Advised me to quit or cut down on alcohol use.                                 | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Helped me think about pros & cons of my alcohol use.                           | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Asked how ready I am to make a change.   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Helped me make a plan or   | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |



