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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 this	Attempt ed could improve	Nearing Acceptab le Skill	Done Well	Done Very 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"/>

set a goal for decreasing (or quitting) my alcohol use.

8. Explored my own possible reasons for quitting or cutting down on my alcohol use.
9. Worked with me as a partner (respectfully and non-judgmentally) in addressing my substance use issues.
10. Supported my autonomy and choice regarding my alcohol use.

11. This conversation increased my motivation to cut down or quit drinking, or at least to *consider* doing so.

1 Strongly Disagree      2 Disagree      3 Neutral      4 Agree      5 Strongly Agree

**12.\*** What **TWO** things did you like about the way the provider/trainee conducted this intervention?

- 1.
- 2.

**13.\*** Please list **TWO** ways that this trainee could improve his/her skills in these conversations?

- 1.
- 2.

**\*Please share these comments as constructive feedback to the provider/trainee immediately following the simulated SBI session.**

**Thank you for your thoughtful ratings and valuable feedback!**

