

## “Three Challenging Medical Interviews”

Annual AAPA Conference, 2005

May 28, 2005, Orlando, FL

Auguste H. Fortin VI, MD, MPH; Yale University

Robert C. Smith, MD; Michigan State University

### 5-STEP PATIENT-CENTERED INTERVIEWING

Adapted (by Auguste H. Fortin VI, MD, MPH and Jeffrey Stein, MD) from: Smith, RC. *Patient Centered Interviewing*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002

#### Step 1 Set the stage for the interview

- 1) Welcome the patient.
- 2) Use the patient's name.
- 3) Introduce self and identify specific role.
- 4) Ensure patient readiness and privacy.
- 5) Remove barriers to communication.
- 6) Ensure comfort and put the patient at ease

#### Step 2 Elicit chief concern and set agenda

- 7) **Indicate time available.** (e.g. “We’ve got about 20 minutes together today...”)
- 8) **Indicate own needs.** (e.g. “...and I see that we need to review the blood tests you had done yesterday,...”)
- 9) **Obtain list of all issues patient wants to discuss;** specific symptoms, requests, expectations, understanding. (e.g. “...but before we do that, let’s get a list of the things you want to discuss today.”)
- 10) **Summarize and finalize the agenda;** negotiate specifics if too many agenda items.

#### Step 3 Begin the interview with non-focusing skills that help the patient to express her/himself

- 11) **Start with open-ended request/question** (“Tell me about your headache.”)
- 12) **Use nonfocusing open-ended skills** (attentive listening): silence, neutral utterances, nonverbal encouragement
- 13) Obtain **additional data from nonverbal sources:** nonverbal cues, physical characteristics, accoutrements, environment, Self

#### Step 4 Use focusing skills to learn more about symptoms and their impact on the patient's personal experience and emotions

- 14) **Elicit Physical Symptom Story**
  - Obtain a description of symptoms, using focusing open-ended skills such as:

*Echoes* (repeat the patient's words, e.g.

"Excruciating pain?")

*Summaries* ("First you had a fever, then two days later your knee began to hurt, and yesterday you began to limp.")

*Requests* ("Say more about that.")

#### 15) **Elicit Personal Story**

*Broader personal/psychosocial context of symptoms, patient beliefs/attributions, again using focusing open-ended skills.*

(E.g. "How has this affected you?" "What did you think might be going on?")

#### 16) **Elicit Emotional Story**

- Ask emotion-seeking questions
  - direct:* “How are you doing with this?” “How does this make you feel?”
  - indirect:* “What has this knee pain been like for your family?” or, “What do think is causing it?”
- Respond with words that empathically address the emotion (**NURS**)

Name: "You say being disabled by this knee pain makes you angry."

Understand: "I can understand your feeling this way."

Respect: "This has been a difficult time for you. You show a lot of courage."

Support: "I want to help you to get better."

#### 17) Expand the Story

*Repeat cycle for each major concern/problem*

#### Step 5 Transition to second (doctor-centered) phase of the interview

- 18) Brief summary
- 19) Check accuracy.
- 20) Indicate that both content and style of inquiry will change if the patient is ready (“I’m going to switch gears now and ask you some questions to better understand what might be going on.”).
- 21) Continue with doctor-centered part of interview

## **Bibliography**

### **Integrated Patient-Centered and Clinician-Centered Interviewing:**

Cole, Steven A., and Julian Bird. *The Medical Interview: The Three-Function Approach*. 2nd ed. St. Louis: Mosby, 2000.

*The three functions of the medical interview -- building the clinician-patient relationship, assessing the patient's problems and managing them -- are discussed in this book, along with techniques to accomplish each.*

Fortin VI, Auguste H, Frederick Haeseler, Nancy Angoff, et al. "Teaching pre-clinical medical students an integrated approach to medical interviewing: half-day workshops using actors." *Journal of General Internal Medicine*. 2002; 17: 704-8.

*This paper describes a curriculum that efficiently teaches integrated interviewing using actors as standardized patients and a small group of trained faculty.*

Fortin VI, Auguste H. "Communication skills to improve patient satisfaction and quality of care". *Ethnicity and Disease*. 2002; 12[suppl3]: S3-58 – S3-61.

*This paper describes Smith's Model of patient-centered interviewing, emphasizing intercultural communication.*

Lipkin, Mack, Samuel M. Putnam, Aaron Lazare. *The Medical Interview: Clinical Care, Education, and Research*. New York: Springer-Verlag, 1995.

*A comprehensive textbook of interviewing, including specific situations, teaching and research.*

Smith, R. C., J. S. Lyles, J. Mettler, et al. "The effectiveness of intensive training for residents in interviewing. A randomized, controlled study." *Annals of Internal Medicine* 128, no. 2 (1998): 118-26.

*In this randomized, controlled study, residents using the interviewing model presented today showed greater skill and confidence in interviewing all types of patients.*

Smith, Robert C. *Patient Centered Interviewing*. 2nd ed. Philadelphia: Lippincott Williams & Wilkins, 2002.

*This book presents the interviewing model used in today's workshop, in a step-by-step fashion, with an on-going vignette that gives suggestions of words to say.*

Smith R.C.: Evidence-Based Interviewing: (Tape 1) Patient-Centered Interviewing; (Tape 2) Doctor-Centered Interviewing (February 2001) - Produced by Michigan State University Broadcasting Services, Eric Schultz, Producer - Available from Marketing Division, Instructional Media Center, Michigan State University via any of the following: PO Box 710, East Lansing, MI 48824; 2) 517-353-9229; 3) 517-432-2650; 4) <http://www.msuvmall.msu.edu/imc>.

*These tapes serve as a companion to Dr. Smith's text and demonstrate in detail the evidence-based patient-centered and clinician-centered interviewing method described in the book.*

### **Organizations Helping Clinicians Enhance Their Communication Skills:**

American Academy on Physician and Patient (AAPP) (<http://www.physicianpatient.org>)

Bayer Institute for Health Care Communication (BIHCC) (<http://www.bayerinstitute.org>)

**Difficult Encounters:**

Platt, F. W., and G. H. Gordon. *Field Guide to the Difficult Patient Interview*. Philadelphia: Lipincott, Williams & Wilkins, 1999.

Novack, D. H., A. L. Suchman, W. Clark, R. M. Epstein, E. Najberg, and C. Kaplan. "Calibrating the physician. Personal awareness and effective patient care. Working Group on Promoting Physician Personal Awareness, American Academy on Physician and Patient [see comments]." *JAMA* 278, no. 6 (1997): 502-9.

Smith R.C.: The Difficult Patient. In: Rose B, ed, UpToDate (Aronson MD, Fletcher RH, Fletcher SW -- Primary Care Section), 2000; Vol. 7, No 3.

**Anger:**

Faulkner, A., P. Maguire, and C. Regnard. "Dealing with anger in a patient or relative: a flow diagram." *Palliative Medicine* 8, no. 1 (1994): 51-7.

Kemp-White, M., and V.F. Keller. "Difficult clinician-patient relationships." *Journal of Clinical Outcomes Management* 5 (1998): 32-36.

**Somatization:**

Barsky, A. J., and J. F. Borus. "Functional somatic syndromes." *Annals of Internal Medicine* 130, no. 11 (1999): 910-21.

Blackwell, B., and N. P. De Morgan. "The primary care of patients who have bodily concerns." *Archives of Family Medicine* 5, no. 8 (1996): 457-63.

Smith R.C.: Somatization Disorder: defining its role in clinical medicine. *J Gen Intern Med*. 1991; 6:168-175.<sup>9</sup>[Barsky, 1999 #127]

**Requests for Antibiotics:**

Centers for Disease Control: "Prescription" for viral syndrome. (<http://www.cdc.gov>).

Fisher, R., and W. Ury. *Getting to Yes: Negotiating Agreement Without Giving In*. Boston: Houghton Mifflin, 1981.

Lazare, A. "The interview as a clinical negotiation." In *The Medical Interview: Clinical Care, Education and Research*, edited by M. Lipkin, S. Putnam and A. Lazare, 50-64. New York: Springer-Verlag, 1995.

**Organizations Helping Physicians Enhance Their Communication Skills:**

American Academy on Physician and Patient (AAPP) (<http://www.physicianpatient.org>)

Bayer Institute for Health Care Communication (BIHCC) (<http://www.bayerinstitute.org>)