

Efficient, Patient-Centered Interviewing: An Evidence-Based Method

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Please Complete Your
Evaluations!!!

Objectives

- By the end of this session, participants will:
 1. Learn a model of integrated patient-centered and doctor-centered interviewing that makes virtually *all* encounters more efficient and effective
 2. Observe the model demonstrated in an interview
 3. Practice the model with colleagues
 4. Receive a CD with teaching materials

Definitions

- Biopsychosocial
- Doctor-Centered
- Patient-Centered
- Integrated Doctor-Centered and Patient Centered Interviewing
- PROBLEM: Isolated Doctor-Centered Interviewing

More Effective Doctor-Patient Communication Results In...

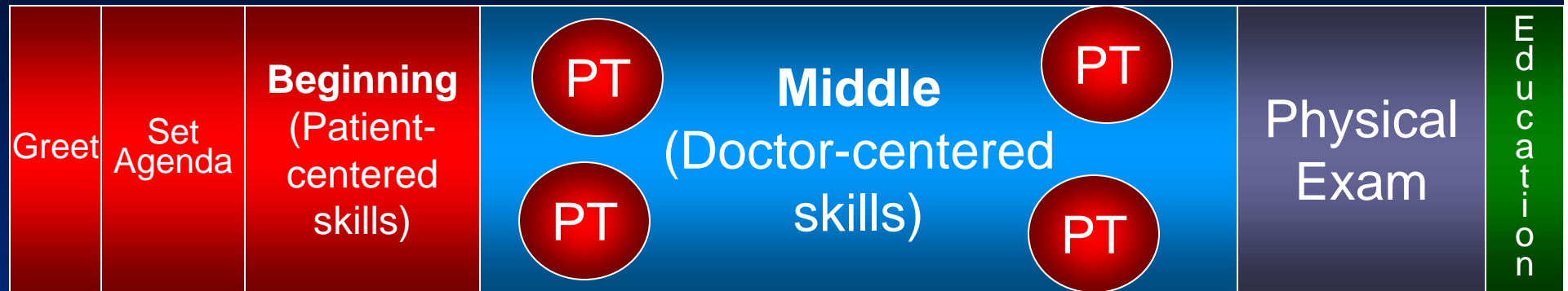
- Better “Intermediate” Health Outcomes
 - patient recall
 - medication adherence
- Better “Ultimate” Health Outcomes
 - faster symptom resolution
 - better control of BP, HgBA1C
- Better “Social” Outcomes
 - less doctor-shopping
 - fewer lawsuits
 - greater patient satisfaction
 - greater PHYSICIAN satisfaction

PATIENT- CENTERED INTERVIEWING

SECOND EDITION

ROBERT C. SMITH

Medical Encounter Timeline



1 2 3,4,5
 [CC, HPI ---- -- HPI, PMH, Meds, All., FH, SH, ROS]



Tasks of the Beginning of the Interview

1. Facilitate the patient telling her story
 - Relationship-building value
 - Diagnostically important information
 - Cathartic value
2. Seek out emotion
3. Address emotion with empathy
 - Patient feels
 - Heard
 - Understood
 - Cared-for

Step 1: Setting the Stage (Greet)

- Welcome the patient
- Use the patient's name
- Introduce self and identify specific role
- Ensure patient readiness and privacy
- Remove barriers to communication
- Ensure comfort and put patient at ease

Step 2: Chief Concern and Agenda Setting

- Indicate time available
- Indicate own needs
- Obtain list of all issues patient wants to discuss; e.g., specific symptoms, requests, expectations, understanding
- Summarize and finalize the agenda; negotiate specifics if too many agenda items

Core Skills: Patient-Centered

Open-Ended Skills

1. Nonfocusing

- silence
- nonverbal encouragement
- neutral utterances



2. Focusing

- echoing
- requests



Emotion-Seeking

1. Direct



2. Indirect

- impact
- belief



Emotion-Handling

1. Name



2. Understand



3. Respect



4. Support

Step 3: Beginning with Non-focusing Actions and Questions

- Open-ended beginning statement/question
- Nonfocusing open-ended skills (attentive listening): silence, neutral utterances, nonverbal encouragement
- Obtain additional data from nonverbal sources:
 - Nonverbal cues
 - Physical characteristics
 - Accoutrements
 - Environment
 - Self

Step 4: Continue with Focusing Questions and Skills

Physical Symptom Story

Description of symptoms (focusing open-ended skills: echoing, requests, summarizing)



Personal Story

Broader personal/psychosocial context of symptoms (focusing open-ended skills: echoing, requests, summarizing)



Emotional Story

Develop an emotional focus (emotion-seeking skills: direct, impact, belief)

*Address the emotion (**NURS**)*



Symptom

Personal

Emotional

Step 5: Transition to the Middle Portion of the Interview

- Brief Summary
- Check Accuracy
- Indicate that both content and style of inquiry will change if patient is ready
- Continue with middle portion of interview

Tasks of the Middle Portion of the Interview

- “Flesh-out” the History of Present Illness (HPI)
- Past Medical History (PMH)
- Medications
- Allergies
- Social History (SH)
- Family History (FH)
- Review of Systems (ROS)

Demonstration

- Each table observe a step of the model to provide feedback.

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**Does this Model Address
Brainstormed Barriers?**

Taking It Home

- Use the handout as a “crib sheet” during interviews until memorized
- Audiotape/videotape your interviews
 - Review alone or with a colleague

Anyone who willingly enters into the pain of a stranger is truly a remarkable person.

- Henri J.M. Nouwen, *In Memoriam*

EMPATHY



Please Complete Your
Evaluations!!!



Teaching Patient-Centered Interviewing

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Before You Start...

1. Administrative Actions

- a) Get leaders on board
- b) Include psychosocially expert internist faculty role models
- c) Competing Responsibilities
 - a) Need 8-20 direct contact hours to teach PTC interviewing
 - b) Need additional time to address other psychosocial topics, e.g., depression and anxiety, at noon conference
 - c) 3-12 months into internship is best for residents

Before You Start...

2. Fiscal Actions

- a) Identify costs e.g. support for faculty, house staff, simulated patients, ancillary staff, space and materials.
- b) Devise ways to meet costs e.g. institutional contributions and grant support

3. Faculty Development

- a) Use colleagues with psychosocial training
- b) Train non-expert key faculty (e.g., national courses and local seminars with experts)
- c) Ongoing faculty development activities (e.g., retreats, workshops, combined rounds etc.)

General Strategies

1. Use *experiential learning* to:
 - Involve learners actively
 - Engage their interest
 - Provide practice
 - Expose their strengths and weaknesses

General Strategies (Cont.)

2. Create a *safe, supportive learning environment* by:

- Developing rapport with learners
- Modeling self-awareness of your own inadequacies and problems with material
- Explicitly recognizing and reinforcing learners' strengths
- Providing feedback about specific behaviors in factual, nonjudgmental and positive manner

General Strategies (Cont.)

3. Use *self-directed learning approach* to:

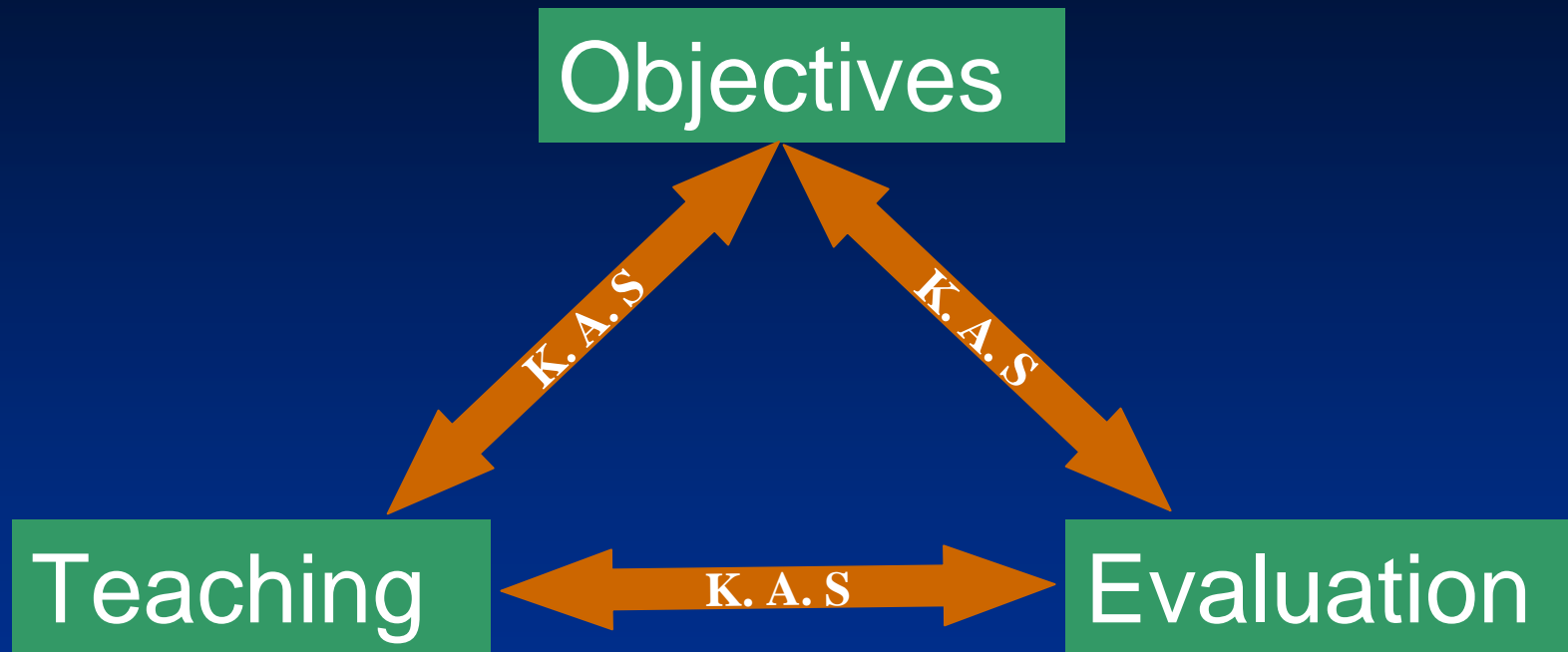
- Encourage learners to assess their own needs
- Set their own learning objectives to integrate with teacher's objectives
- Choose learning content and methods
- Assess whether they have accomplished their own learning objectives, as well as teacher's objectives.

General Strategies (Cont.)

4. *Self-directed learning* must be integrated with *teacher-directed learning* by

- a) Carefully orienting learners to the course
- b) Helping them to develop written learning agreements.
Key: Focus on specific, observable behaviors
- c) Regular review of (learner and teacher) objectives
- d) Periodic learner self-assessment
- e) Regular supervision, observation and nonjudgmental feedback
- f) Appropriate scheduling for self-directed as well as teacher-directed learning

Specific Strategies



Specific Strategies – Educational Objectives

Knowledge

Attitude

Skills

Objectives

➤ Learners will understand

1. BPS model
2. Rationale for PTC interview (e.g. improved health outcomes)
3. 5-steps, 21 sub-steps of PTC Interview

➤ Learners will exhibit

1. Openness to self-reflection
2. Appreciation for value of using PTC skills
3. Confidence in using skills

➤ Learners will demonstrate mastery of 5 steps, 21 sub-steps i.e.

1. Setting the stage (6 sub-steps)
2. Setting the agenda (4 sub-steps)
3. Opening the HPI (3 sub-steps)
4. Continuing the HPI (5 sub-steps)
5. Transitioning to DC process (3 sub-steps)

Specific Strategies - Teaching

Knowledge

Attitude

Skills

Teaching

➤ Teach knowledge objectives with

1. Didactics
2. Reading assignments
3. Videotape
4. Conferences and seminars

➤ Facilitate learner's

1. Empathy with patients by role-modeling and by being empathic with learners
2. Confidence in using skills by effective skills training

➤ Teach 5-step, 21 sub-steps by

1. Role-play
2. Simulated patients
3. Real patients (inpatient, out patient)
4. Facilitating group and individual critiques of learner's taped and observed interviews.

Specific Strategies - Evaluation

1. Summative (measures effectiveness of teaching)

Knowledge

- **Knowledge Questionnaire***
- 1. Test key questionnaire objectives
- 2. 2 – 3 questions per objective, <25 total
- 3. T/F, MC, Single answer:
T/F: Interrupting is a key PTC skill
- 4. Reverse some scales

Attitude

- **Self-efficacy questionnaire***, e.g.,
- 1. *I am confident that I can elicit emotion*
- 2. *... I can address emotion*
- **Teacher's Opinion**, e.g.,
- 1. *...open to exploring own process.*
- 2. *...resisted efforts to discern own personal reactions.*

Skills

- **Checklist of 5 steps, 21 sub-steps by teacher, learner and group in:**
- 1. Taped (video, audio) interviews
- 2. Observed interviews
- 3. OSCE

Evaluation

*Pilot test questionnaires first.

Specific Strategies - Evaluation

2. Formative (collects information to improve the course)

➤ Discussions at beginning, mid-point and end

- To assess and improve acceptability of program
- To generate a sense of common involvement, ownership and purpose

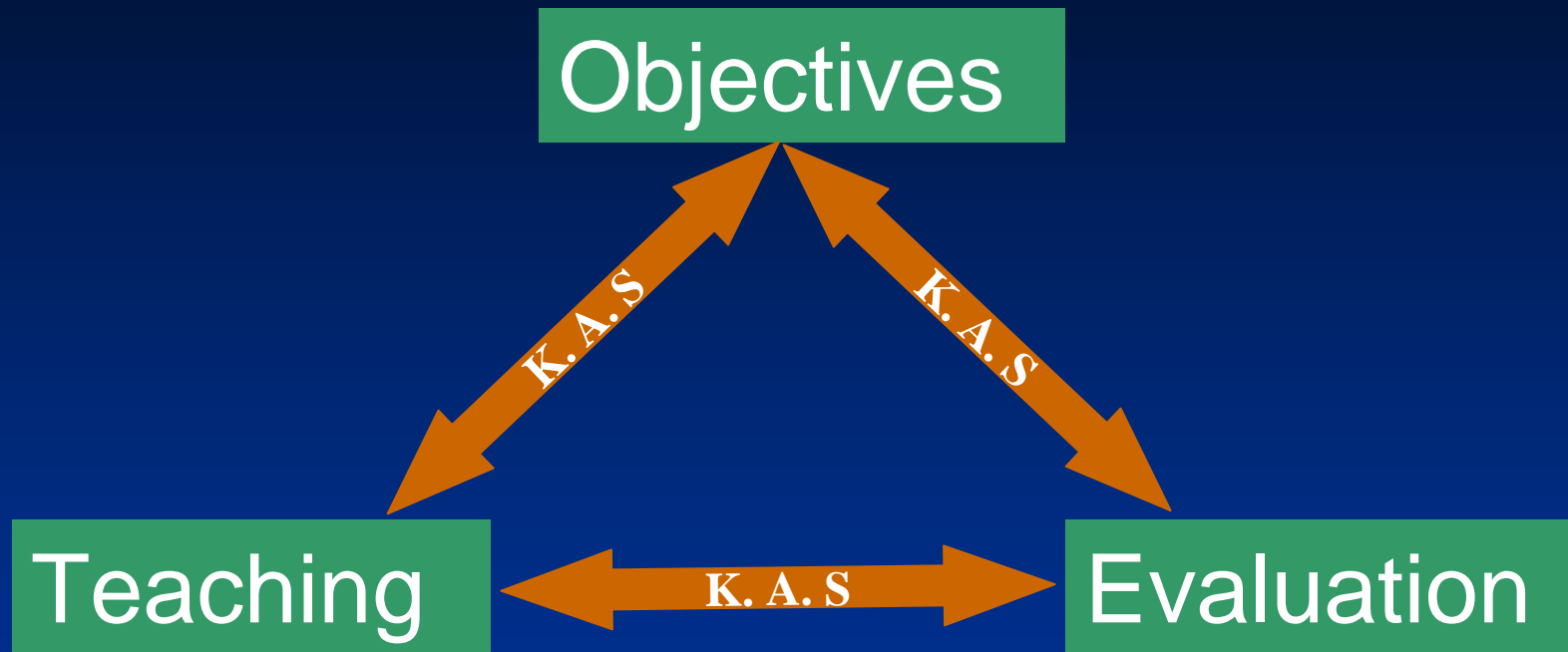
NB: Involve all stakeholders, e.g.,

- Learner
- Clinic nurse
- Program director
- Chief resident, etc.

➤ Questionnaire or semi-structured interview at the end to assess

- a) Degree to which objectives were appropriate and attained
- b) Satisfaction with individual components of course
- c) Enthusiasm with which learners will recommend course
- d) Utility and acceptability of scheduling and methods
- e) Acceptability of teaching aides
- f) Recommendations for change
- g) Open-ended comments

Specific Strategies



A Randomized-Controlled Trial of Integrated Patient-Centered and Doctor-Centered Interviewing

- Background
 - No specific patient-centered model
 - No evidence for recommended methods
- Objective
 - Identify specific method
 - Develop evidence
- Design
 - RCT

A Randomized-Controlled Trial of Integrated Patient-Centered and Doctor-Centered Interviewing

- Measurement
 - Pre-Post
 - Knowledge
 - Attitudes (self-efficacy)
 - Skills
 - Real patients
 - Simulated patients
 - Patient Outcomes
 - Anxiety, depression, social dysfunction
 - Role limitations
 - Somatic symptoms
 - Satisfaction

A Randomized-Controlled Trial of Integrated Patient-Centered and Doctor-Centered Interviewing

- Setting
 - 2, University-based primary care settings, IM, FP
- Participants
 - 63 primary care residents, PGY1
- Intervention
 - 1 month, full-time rotation in patient-centered interviewing and related psychosocial topics

A Randomized-Controlled Trial of Integrated Patient-Centered and Doctor-Centered Interviewing

- Results
 - Trained residents superior to untrained
 - Knowledge
 - 15.7% difference (CI, 11%-20%)
 - Attitudes
 - Confidence in psychological sensitivity
 - » 0.61 difference (CI, 0.32-0.91)
 - Somatization management
 - 0.99 difference (CI, 0.64-1.35)
 - Interviewing
 - Real patients
 - » 1.39 difference (CI, 0.32-2.45)
 - Simulated patients
 - » 2.67 difference (CI, 1.77-3.56)

A Randomized-Controlled Trial of Integrated Patient-Centered and Doctor-Centered Interviewing

- Patient Outcomes
 - Satisfaction
 - Well-being
 - Somatic symptoms
- Conclusion
 - Identified specific, behaviorally-defined method
 - Showed that it was evidence-based