5-STEP PATIENT-CENTERED INTERVIEWING

**Step 1** Set the stage for the interview (30-60 sec.)
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 & set agenda (30-60 sec.)
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, it would help me to get a list of other things you wanted to discuss today.” “Is there something else?”)
10) Summarize and finalize the agenda; negotiate specifics if too many agenda items. (e.g., “You mentioned 8 things you were hoping to cover. In the time we have together today, I don’t think we can tackle them all. Can you tell me which two are most troublesome for you; we’ll do a good job with those and I’ll see you back soon to address some of the others.”)

**Step 3** Begin the interview with non-focusing skills that help the patient to express her/himself (30-60 sec.)
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 3 things: symptom story, personal context and emotional context (3-6 min.)
14) **Elicit Symptom Story**
   - 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 you knee began to hurt, and yesterday you began to limp.")
     - Requests ("That sounds important; can you tell me more about it?")
15) **Elicit Personal Context**
   - Broader personal/psychosocial context of symptoms, patient beliefs/attributions, again using focusing open-ended skills.
16) **Elicit Emotional Context**
   - Ask emotion-seeking questions
     - Direct: “How are you doing with this?” “How does this make you feel?” “How has this affected you emotionally?” “What do you think might be going on with your knee?”
     - Indirect: “What has your knee pain been like for your family?” “How has this affected your life?”
   - 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 get to the bottom of this and see what we can do."
17) **Expand the Story**
   - Repeat cycle for each major concern/problem

**Step 5** Transition to middle of the interview (clinician-centered phase) (30 sec.)
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 clinician-centered part of interview
Annotated Bibliography

Integrated Patient-Centered and Clinician-Centered Interviewing:

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.

Doc.com. An interactive webtext for healthcare communication. Information at (http://www.aachonline.org)

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

This paper describes Smith’s model of patient-centered interviewing, emphasizing intercultural communication.

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

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

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 Physicians Enhance Their Communication Skills:
American Academy on Communication in Healthcare (AACH) (http://www.aachonline.org)
Institute for Health Care Communication (http://www.healthcarecomm.org)