

5-STEP PATIENT-CENTERED BEGINNING OF THE MEDICAL INTERVIEW

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Adapted from: Fortin AH VI, Dwamena FC, Frankel RM, Smith RC. Smith's Patient Centered Interviewing. 3rd ed. New York: McGraw-Hill, 2012

1. SET THE STAGE FOR THE INTERVIEW

- A. Welcome the patient.
- B. Use the patient's name.
- C. Introduce self and identify specific role.
- D. Ensure patient readiness and privacy.
- E. Remove barriers to communication.
- F. Ensure comfort and put the patient at ease.

2. ELICIT CHIEF CONCERN AND SET AGENDA

- A. Indicate time available. (e.g., "We've got about 20 minutes together today...")
- B. Indicate own needs. (e.g., "...and I see that we need to review the blood tests you had done yesterday...")
- C. 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?")
- D. Summarize/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.")

3. USE NON-FOCUSING SKILLS THAT HELP THE PATIENT TO EXPRESS HER/HIMSELF

- A. Start with open-ended request/question. ("Tell me about your headache.")
- B. Use nonfocusing open-ended skills (attentive listening): silence, neutral utterances, nonverbal encouragement.
- C. Obtain additional data from nonverbal sources.
- D. Nonverbal cues, physical characteristics, accoutrements, environment, self.

4. USE FOCUSING SKILLS TO LEARN 3 STORIES

- A) Elicit Symptom Story.
 - a) Description of symptoms, using focusing open-ended skills such as:
 - i) Echoes (repeat the patient's words, e.g., "Excruciating pain?").
 - ii) Summaries ("First you had a fever, then two days later your knee began to hurt, and yesterday you began to limp.").
 - iii) Requests ("That sounds important; can you tell me more about it?").
- B) Elicit Personal Story.
 - a) Broader personal/psychosocial context of symptoms, patient beliefs/attributions, again using focusing open-ended skills.
 - i) (E.g., "How has this affected you?" "What did you think might be going on?").
- C) Elicit Emotional Story.
 - a) Ask emotion-seeking questions.
 - i) Direct: "How are you doing with this?" "How does this make you feel?"
 - ii) Indirect: "What has your knee pain been like for your family?"
- D) Respond with words that empathically address the emotion (NURS).
 - a) Name: "You say being disabled by this knee pain makes you angry."
 - b) Understand: "I can understand your feeling this way."
 - c) Respect: "This has been a difficult time for you. You show a lot of courage."
 - d) Support: "I want to help you to get better."
- E) Expand the Story.
 - a) Repeat cycle for each major concern/problem.

5. TRANSITION TO MIDDLE (DOCTOR-CENTERED) PHASE OF THE INTERVIEW

- A) Brief summary.
- B) Check accuracy.
- C) 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.")
- D) Continue with middle of interview.