

## The Patient-Centered Interview

### Patient-Centered:

- Patient-centeredness (Acad Med 2005;80: 29-32) is a concept that refers both to a better understanding of the person of the patient and also to a more humane and respectful way of including the patient in the interview process. <sup>1,2</sup>

### Strategies for teaching students to get the patient talking

- **Invite, Listen, and Summarize: A Patient-Centered Communication Technique by Boyle, Dwinnell, and Platt: Acad Med 2005;80: 29-32**
  - This article demonstrates a simple tool. They emphasized this triad in their communication curriculum in order to decrease the use of high control, narrowly focused inquiry. They discovered that due to its simplicity, it is an easy to remember, efficient data collecting method that leads quickly to the use of empathy in the patient encounter. They do not intend it to replace more extensive communication devices. They did however use this technique in a series of workshops that built to more complex interview challenges:
    - Straight medical data gathering type encounters
    - Patients who presented a symptomatic story but also emphasized feelings, ideas, and values
    - Behavior modification issues, approached with inquiry rather than heavy-handed efforts to change the patient's behavior
    - Difficult encounters: angry patient, DV, anxious patient, overly talkative patient, and a patient with reams of internet material who has misdiagnosed themselves
  - SW-Have students look at the interview in this article and highlight the words, sentences, or label the concepts used to engage the patient (get the patient to do the working).
    - Compare that with:
      - Physician:* What brings you in today?
      - Patient:* I have headaches.
      - Physician:* Where are they located? How long do they last? What makes them worse?
    - SW-Have student practice these skills in taped interviews.
    - SW-Once the student is facile with the technique, build on it.
- **Two Words that Improve Physician-Patient Communication: What Else? By Barrier, Li, and Jensen. Mayo Clin Proceedings 2003; 78:211-214.**
  - *Physician:* What brings you here today?
  - *Patient:* I have headaches.
  - *Physician:* What else?
  - *Patient:* Well, I have problems sleeping.
  - *Physician:* What else?
  - *Patient:* I am very worried about my son. He is using drugs.
- Beckman and Frankel term this technique as a “continuer” – a linguistic expression that allows the patient to reveal all his concerns at the beginning of the interview.
- **Open-ended phrases to get the patient talking – Patient-Centered Interviewing**
  - What brings you here?

- What else?
  - Tell me more.
  - Tell me about yourself.
  - Tell me what you expect from this visit (especially in Habit 1 – Agenda setting)
  - How is this illness affecting you?
  - What do you think is causing this problem?
  - **PEARLS** for relationship building
  - **Education:**
    - By asking the patient what they already know and think about the problem and clarifying the patient's perspective early on can help the physician tailor the explanation and enlist the patient in the management process to improve compliance and outcome.
    - **Ask-Tell-Ask Framework** (AAPP and Keller and Carroll)
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**Approaching Difficult Communication Tasks in Oncology by Anthony Back, M.D. et al.  
CA Cancer J Clin 2005;55:164-177**

- This is a cognitive map for the difficult interview. It is not meant to replace *skills training*.
- Aspects of communication that patients value: want to feel guided, build trust and support hope.
- Healthcare providers often miss the full range of concerns held by people with cancer and have poor accuracy in detecting patient distress.
- **Behaviors to avoid:**
  - Blocking: occurs when a patient raises a concern, but the physician either fails to respond or redirects the conversation.
  - Lecturing: Occurs when a physician delivers a large chunk of information without giving the patient a chance to respond or digest the information.
  - Collusion: When patients hesitate to bring up difficult topics and their physicians do not task them specifically.
  - Premature reassurance: When a physician responds to a patient concern with reassurance before exploring and understanding the concern.
- **Patient Education - Behaviors to cultivate:**
  - Ask: Ask what the patient already knows.
    - “What brings you here today?”
    - “To make sure we’re on the same page, can you tell me what your understanding of your disease is?”
    - “What have you heard from the other doctors?”
  - Tell:
    - Tell the patient in straightforward language what needs to be communicated.
    - Give information in small chunks
    - If necessary give an overview of the information
    - Avoid jargon
  - Ask: Check in with the patient:
    - “I just gave you a lot of information. I want to make sure I was clear. Could you please summarize this for me?”
    - “What are you thinking about all this?”
    - “How is this information making you feel?”

- **Ask – Elaboration of this part of the interview**
  - **Tell me more:** If the conversation seems to be going off track find out where the patient is in this conversation at this moment. **Conversations have three levels:**
    - Knowledge or content
    - Emotions or feelings (How do I feel about this?)
    - Identity (What does this mean to me?)
  - Invitations to “tell me more:
    - “Could you tell me more about what information you need at this point?”
    - “Could you say something about how you are feeling about what we have discussed?”
    - “Could you tell me what this means for you?”
  - Respond to emotions:
    - Learn more about the patient’s thoughts and feelings.
    - Don’t be in a rush to reassure or “make things better”. Rather, acknowledge the feelings. Acceptance is not the same as agreement.
    - This article talks about NURSE. CAA faculty are recommending PEARLS.
      - Naming the emotion is a good idea.
        - ◆ “I wonder if you are feeling scared?”
        - ◆ Many people in this situation feel angry. I wonder how you are feeling?”
- **Negotiate an agenda** for the visit (this is like Steins 4 Habits)
  - Clarify the reason for the visit.
  - What are the patient’s expectations?
  - “Is there anything else they would like to discuss?”
  - Physician can explain anything s/he thinks is important to discuss.
- **Learn about the patient’s view of the illness:**
  - What is the patient’s understanding of the illness?
  - How do they cope with this illness?
  - What is the meaning of this illness to the patient?
- **Ask about the patient as a person:**
  - “Tell me about yourself so I can begin to get to know you.”
- **Discuss ways in which the patient can participate in his/her own care.**
- **Giving Bad News**
  - When bad news is communicated in an empathic manner, it can have an important impact on outcomes such as patient satisfaction and decreased patient anxiety and depression; and the physician’s caring attitude can be more important than the information or reassurance given.
  - **SPIKES**
    - Set up
      - Get the necessary medical facts
      - Have a plan
      - Quiet place etc.
    - Perception
      - Find out the patient’s perception of the medical situation.
      - What are his/her goals.
    - Invitation
      - How much information does the patient want?

- Knowledge
    - Use language that matches the patient's level of education
    - Be direct
    - Avoid jargon
    - Give a warning shot: "I have some serious news to tell you." After giving the news, be quiet. Allow the patient to process the information and to "feel".
  - Empathize
    - Ask the patient if they have any questions or concerns. Keep asking until they run out.
  - Summarize and Strategize
    - Check in with the patient: "Does this make sense to you?"
  - **Making treatment decisions:**
    - Elicit patient's preference for information and decision making.
    - Identify the choice to be made (overview)
    - Describe treatment options and confirm understanding
      - Small chunks at a time
    - Discuss how the patient's values and concerns affect treatment options
    - Offer to make a personal recommendation based on medical expertise AND knowledge of the patient's values and concerns.
    - Negotiate a time frame for decision making
      - Ask what other family members or friends the patient may want to talk with.
      - Ask if any other information would assist them in decision making.
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