



ECHO Pain Curriculum

The Patient Centered Pain Interview

George D. Comerchi, Jr., MD, FACP, AAPM-Diplomate
Professor of Internal Medicine



DEPARTMENT OF
INTERNAL MEDICINE

“The interview is the most powerful, encompassing and versatile instrument available to the physician”

George L. Engel

The Interview (Smith.2002)

- A vehicle for the exchange of information between patient and clinician
- The greatest amount of information comes from the interview
- The interview generates data essential to diagnosis, treatment and prevention
- The interview determines how the patient-clinician relationship evolves

Clinician Centered Interview

- The clinician is in control
- Elicits only 6% of problems that ultimately are determined to be psychosocial in nature
- Data elicited is dependent upon the clinician not the patient (thus data is skewed)

- Clinician interrupts the patient before they complete their opening statement 69% of the time
- This occurs after a mean time of 18 seconds
(Beckman.1984)

The Biopsychosocial Model is the basis for the Patient Centered Interview

- The integration of psychological and social aspects of a person with the biologic aspects
- Encourages the patient the patient to express what is most important to them
- *Relationship-Centered*

Advantages of the Patient Centered Interview

- Higher patient satisfaction
- Higher patient compliance and recall
- Decreased doctor shopping
- Decreased malpractice
- Improved health outcomes

Patient Centered Interview: Facilitating Skills and the Five Step Model

Facilitating Skills

❖ Questioning Skills

- open ended vs. closed questions
- use of non-verbals: (silence, nodding, “uh’huh”)

❖ Relationship Building Skills

- Emotion-seeking
- Emotion handling

Five Step Model of Smith

1. Set the stage for the interview
2. Obtaining the Agenda (Chief complaint and other concerns)
3. Opening the HPI
4. Continuing the Patient-Centered HPI
5. Transition to the Doctor Centered Process

Step 1: Set the stage for the interview

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

Step 2: Obtaining the Agenda (CC and other concerns)

- Indicate time available
- Indicate own needs
- Obtain a list of the patients concerns
 - “what else, what else”
- Summarize and finalize the agenda
 - Negotiate items, prn

Step 3: Open the History of Present Illness

- Liberally use open ended questions
- Liberally use facilitation skills
- Obtain additional information from non-verbal sources

Step 4: Patient Centered HPI

- Physical Symptom History
- Personal Story
- Emotional Story
- Expand the Story to new chapters

Step 5: Transition to the Clinician Centered Portion of the Interview

- Summarize
- Check for Accuracy

Perform a Thorough Initial Evaluation

- Pain History
 - “7 dimensions of a symptom
 - Prior treatments: interventions/medication
 - Explore how the pain is affecting the patient’s life
- Psychological History
- PMH
- Meds/Allergies
- Social History
 - Drugs/alcohol/tobacco/criminal history/living situation/support system/occupation/litigation
- Family History: addictions
- Establish Goals of Therapy

Summary

We have talked about:

- The difference between the clinician-centered interview and the patient centered interview
- Facilitation skills
- The Five Step Process
- The clinician centered process