The Patient-Centered Interview

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Learning Objectives

At the end of this presentation the participant will:

- Describe the difference between a patient-centered and clinician-centered interview.
- Describe the 5 Step Interview Model of Smith
- Explain several important interviewer activities that occur during each step of the "Model"
- Describe important elements of the physician portion of the interview of the patient with pain

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

George L. Engel

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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

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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)

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- 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)

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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*

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Advantages of the Patient Centered Interview

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

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Five Step Model of Smith

Smith, RC. Patient Centered Interviewing.2002. Williams and Wilkins. Phila., Pa.

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

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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

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Step 2: Obtaining the Agenda
The chief complaint 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

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Step 3: Open the History of Present Illness

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

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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

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Pain History

- 7 Dimensions of a Pain Symptom
  - Location
  - Radiation
  - Modifying factors (what makes pain worse/better)
  - Temporal factors (when does pain occur)
  - Severity of pain
  - Quality of Pain
  - Associated symptoms

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Pain History (cont.)

- Functional Aspects
  - How is pain affecting the patient's life?
  - What is the patient unable to do that he/she could previously do?
  - What does the patient think is causing the pain ?
  - What fears does the patient have regarding the pain?
  - What impact is pain having on relationships:
    - With family/partner/spouse/employer?

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Pain History (cont)

- Prior Treatments
  - Injections/Interventions
  - PT
  - CAM
  - Surgeries
  - Chiropractic, massage, myofascial therapy
  - Etc.

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Psychological History

- Adverse Childhood Events
- Current and past psychological problems
  - PTSD
  - Depression
  - Bipolar Illness
  - Suicide attempts
- Treatments

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Step 4: Patient Centered HPI

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

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

- Summarize
- Check for Accuracy
- Note your transition to a new phase of the interview process

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Physician-Centered Portion of the Interview

- PMH
- Meds/Allergies
- Social History
- Family History: addictions
- Review of Systems
- Establish Goals of Therapy

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PMH

- Past Medical Problems
- Current Active Medical Problems
- Past Surgeries
- OBGYN History
- Medications
- Allergies and Medication Intolerances

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Social History

- Drugs
- Alcohol
- Tobacco
- Criminal history
- Living situation
- Support system
- Occupation
- Workman's Comp, Disability, Litigation

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Family History

- Usually first degree relatives
- Must inquire about addiction and alcoholism

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ROS

- General/Constitutional
- Neurologic
- Psychological
- Musculoskeletal
- Digestive
- Urologic
- Endocrinologic
- Vascular
- Hematologic
- Rheumatologic
- Cardiovascular
- Upper Respiratory and Pulmonary

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Establish Goals of Therapy

- What can you, the clinician, reasonably be expected to do?
- What barriers does the patient perceive?
- What is patient's confidence level?
- What would the patient like to accomplish if pain could be better controlled?
  - Short term?
  - Long term?

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Summary

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

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... promotes care in underserved areas

The mission of **Project ECHO** (Extension for Community Healthcare Outcomes) has been to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment.

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