

Patient-Centered Narrative Interviewing

*For the Patient-Centered
Medical Home*

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Defining Patient-Centered Care

“A philosophy of care that encourages: (a) shared control of the consultation, decisions about interventions or management of the health problems with the patient, and/or (b) a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts (in contrast to a focus in the consultation on a body part or disease)”

(Lewin, Skea, Entwistle, Zwarenstein, & Dick, 2001)

Patient-Centered Medical Home

- The IOM established the Committee on the Future of Primary Care to develop an new model focusing on whole-person and patient-centered care
- This new model of family medicine identified in that report helped initiate national conversations leading to the concept of a patient-centered medical home (PCMH)

(Martin, et al., 2004)

Patient-Centered Medical Home

- In 2006, the national demonstration project (NDP) was undertaken by the American Academy of Family Physicians in order to evaluate this new model
- The report concluded that a transformation to a PCMH would require a fundamental shift that would challenge physicians' personal identities.
- This personal transformation of physicians would require relationship-centered partnerships that went far beyond adherence to clinical guidelines

(Nutting, et al., 2009)

Patient-Centered Medical Home

- Practitioners of this new model must not only demonstrate competency in the basic interpersonal and communication skills; but be more psychologically-minded in order to successfully employ the biopsychosocial approach

(Herman, 2005; Weston, 2005)

Identifying the Essential Elements of Patient-Centered Interviewing

- The Kalamazoo consensus (1999), arose from a comprehensive approach to deliberate and find models of communication. Twenty-one leaders and representatives from major medical education and professional organizations met in Kalamazoo, Michigan

Identifying the Essential Elements of Patient-Centered Interviewing

- A Cochrane review of interventions to promote a patient-centered approach in clinical consultations was initially conducted in 1999 and updated in 2009 found fairly strong evidence that training in patient-centeredness for healthcare clinicians may improve communication with patients, enable clarification of patients' concerns, and improve satisfaction with care

(Lewin, Skea, Entwistle, Zwarenstein, & Dick, 2001)

Identifying the Essential Elements of Patient- Centered Interviewing

- More recently, Mauksch and colleagues (Univ. of WA) conducted a literature review examining studies that combined relationship development, communication skills, and time management . Employing these skills, the studies show, should enable clinicians to communicate effectively in a time-efficient manner while simultaneously building a relationship with patients.

(Mauksch, Dugdale, Dodson, & Epstein, 2008)

Components of Evidence-Based Patient-Centered Interviewing

- Skills Used Simultaneously
 - Rapport building and the relationship maintenance
 - Mindful practice
 - Topic tracking
 - Acknowledging social or emotional clues with empathy
- Skills Used Sequentially
 - Up-front, collaborative agenda setting
 - Exploring the patient's perspective
 - Co-creating a plan

Teaching Approach and Method

- 12-week period from January through April,
- Approx. 10 hours of classroom instruction and 30 hours of reading, practice, and other assignments.
- Methods of instruction included
 - assigned articles (links on class Moodle site) w/ quiz
 - viewing video demonstration of skills in class
 - participating in discussions from readings and videos
 - developing individual and group presentations on skill areas
 - Teams performing and rating each other's practice with case studies
 - Final check-out with role-play using simulation scenarios

Screen Shot of On-line Training Site

3

Interviewing: Foundation Skills

- Doing the Psych Eval: Excerpts from "First Interview"
- Areas of the Psychiatric Interview - from APA
- Interview Dynamics Graph
- Simultaneous & Sequential Interview Skills
- An Overview of the Art of Interviewing - David E. Reisner
- Agenda setting in the Clinical Interview
- Video Series: Interviewing Basics
- Mastering the Clinical Interview
 - Mastering the Clinical Interview.mp3
 - Mastering the Clinical Interview - Handout

4

Interviewing: Relationship Skills

- Demo & Self-Assessment
 - Video - Demo of Relationship-building in a clinical interview
 - Self-Assessment: Communication in Relationship-Building
 - PCOF: Use in self assessment exercise
- Communication Areas in Relationship-Building
 - Wiki: Communication in Relationship
 - Communication Wiki FORUM for Group Discussions
- Readings
 - Interacting With The Medical Humanities: The Doctor-Patient Relationship
 - "Words That Build Empathy" article link
 - "Inside" the Patient-Centered Interview - link to article
 - Relationship, Communication, and Efficiency in the Medical Encounter - link to article
 - "Building" vs. "Taking" a History - link to article: ACCESS VIA VPN ONLY
 - Clinician Behaviors that Inhibit Disclosure of Psychosocial Problems during Interview - link to article
 - "Unvoiced" Patient Agenda Items - link to article
 - Depressive Symptoms and Perceived Doctor-Patient Communication
 - Narrative-Based Practices in Primary Care

Teaching Approach and Method



Improving Communication Assessment
A Web Training Module:
<https://catalyst.uw.edu/webq/survey/mauksch/107123>
•Creator: Larry Mauksch
Imauksch@UWMC.fammed.washington.edu

Ongoing influence

Rapport and Relationship

Mindfulness

Topic Tracking

Empathic response to cues

Sequential

1. Upfront collaborative agenda setting

2. Hypothesis testing and understanding the patient perspective

3. Co-creating a plan

Patient-Centered Observation Form (PCOF) Use

Patient Centered Observation Form

Trainer name: _____
 Questions: Address the use only. Circle between one step. Completed and use on the right line below.
 Patient reported provider or patient concerns and verbal or non-verbal cues of the red text section. Use this form to address your learning, vocabulary, and self-awareness. If requested, use this form to guide verbal feedback to improve the situation.

Skill Name Skill Level: See practice description	Provider Centered Biomedical Focus		Patient Centered Biopsychosocial Focus	
	M.S.	M.Sc.	M.S.	M.Sc.
Establishes Rapport - Introduces self. - Warm greeting. - Acknowledges all of the team by name	M.S. Uses 0-1 elements	M.Sc. Uses 2 elements	M.S. Uses 2 elements	M.Sc. Uses 3 elements
Maintains a relationship Throughout the Visit - Characterized empathy. - Cues and cues continue previous and by opening repeated verbal contact. - Characterized involvement through curiosity, self-reflection, and presence.	M.S. No shared thinking about verbal behavior, focused.	M.Sc. Evidence of empathy OR empathy with OR evidence of mindfulness.	M.S. Characterized line of the dialogue: verbal or non-verbal empathy, listening skills, or mindfulness.	M.Sc.
Collaborative upfront agenda setting - A relational statement (naming skills) - Acknowledges personal info from the AM or ZNS - Open-ended or most important to patient? Has patient concerns been:	M.S. Uses 0-1 elements	M.Sc. Uses 2 elements	M.S. Uses 2 elements	M.Sc. Uses 3 elements
Maintains Efficiency - Shows leadership about previous, structure, and problem-solving. - Tracks multiple topics and is organized	M.S. No shared thinking about visit structure, shared topics, or unorganized visit structure.	M.Sc. Shared thinking about structure, visit structure, or problem solving. Simple agenda, organized structure.	M.S. Shared thinking about problem, structure, and problem solving. Tracks multiple topics, is organized.	M.Sc.
Gathering Information - Uses open-ended questions about visit closed questions. - Uses reflecting, clarifying, or summarizing statements.	M.S. Uses 0 to 1 open-ended questions. No reflecting, clarifying, or summarizing statements.	M.Sc. Uses 2 or more open-ended questions OR uses one reflecting, clarifying or summarizing statement.	M.S. Uses 2 or more open-ended questions OR uses one reflecting, clarifying or summarizing statement.	M.Sc.
Assessing Patient's Perspective on Health - Investigates patient verbal and non-verbal cues. - Validates expression of patient beliefs and contextual influences: family, culture, spiritual. - Further: patient verbal / non-verbal cues	M.S. Does not acknowledge patient cues or explore patient beliefs, concerns and feelings. Does not explore contextual influences: family, culture, or spiritual.	M.Sc. Acknowledges verbal / non-verbal cues about feelings or beliefs OR uses one reflective OR contextual influences described by the patient.	M.S. Acknowledges patient verbal / non-verbal cues OR before exploration of patient beliefs and contextual influences such as family, culture, and spiritual issues.	M.Sc.

Patient-Centered Observation Form (PCOF) Use

Patient Centered Observation Form

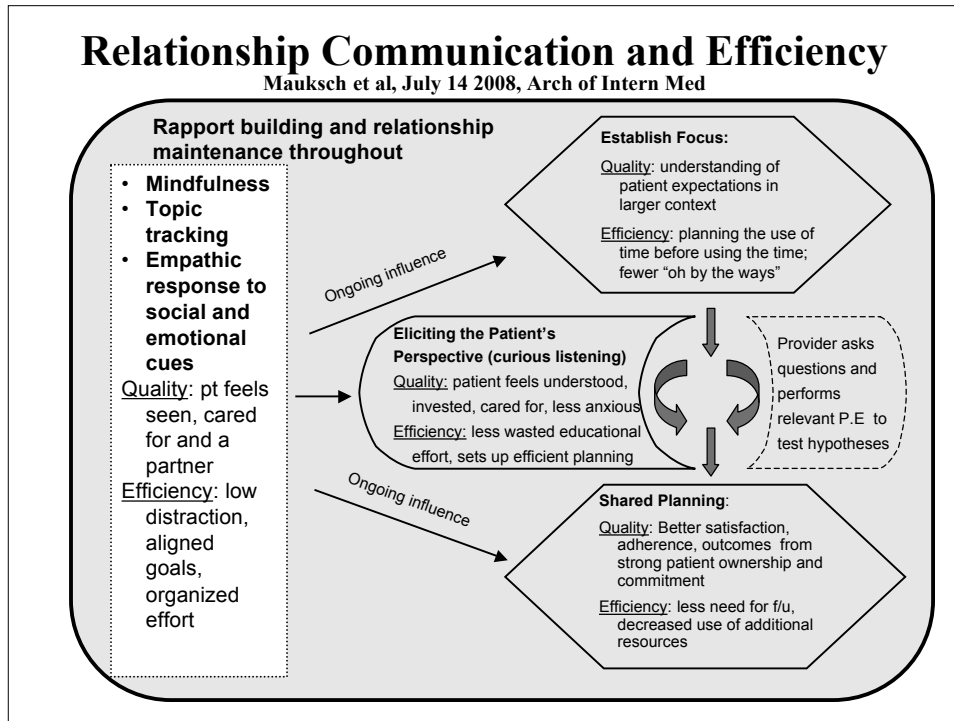
Skill Name <i>Small Level: One or practice demonstration</i>	Provider Centered <i>Biomedical Focus</i>		Patient Centered <i>Biopsychosocial Focus</i>
	M1/a <i>Uses 0 or 1 of the two elements.</i>	M1/b <i>Uses 2 elements</i>	M1/c <i>Uses 3 or 4 elements</i>
Electronic Medical Record Use <i>Electronic Medical Record Use</i> - Appropriately document use of charting. - Alerts are contact with patient during majority of elements. - Patients' records to be viewed by patient. - Plans to screen.	M1/a <i>Does not prepare the patient before the exam or describe settings after the exam.</i>	M1/b <i>Prepares patient for 1-2 exam actions AND describes 1-2 settings.</i>	M1/c <i>Prepares patient before > 2 physical exam actions AND describes > 2 settings.</i>
Physical Exam <i>Physical Exam</i> - Prepares patient before physical exam action. - Describes all exam findings.	M1/a <i>Uses language similar to the patient.</i> - Summarizes care history/physical concerns. - Invites DHA.	M1/b <i>Summarizes determined by historical issues. Significant use of medical jargon. No opportunity to patient DHA.</i>	M1/c <i>Uses language the patient can understand AND summarizes cover history/physical concerns AND invites DHA.</i>
Sharing Information <i>Sharing Information</i> - Prepares patient before physical exam action. - Describes all exam findings.	M1/a <i>Does not address behavior change OR includes patient about health behaviors OR expresses a plan with no assessment of patient's readiness.</i>	M1/b <i>Responds to patient concerns about behavior change AND one of the following: Discusses only the goal of change OR the consequences of not changing OR the behavioral change advice with patient.</i>	M1/c <i>Explores patient knowledge about behaviors that compromise health, explores goals and consequences of changing and not changing health habits AND creates a plan aligned with patient's readiness.</i>
Behavior Change Discussions <i>Behavior Change Discussions</i> - Prepares patient before physical exam action. - Describes all exam findings.	M1/a <i>Physician shares multifaceted, probably behind recommendations.</i> - Examines goals and consequences of all viable options.	M1/b <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>	M1/c <i>Discusses > 1 of the following: evidence, pros and cons of options, alternatives, consequences.</i>
Co-creating a plan <i>Co-creating a plan</i> - Prepares patient before physical exam action. - Describes all exam findings.	M1/a <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>	M1/b <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>	M1/c <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>
Closure and Follow-up <i>Closure and Follow-up</i> - Prepares patient before physical exam action. - Describes all exam findings.	M1/a <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>	M1/b <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>	M1/c <i>Physician shares one of the following: evidence, pros and cons of options, alternatives, consequences.</i>

Components of Evidence-Based Patient-Centered Interviewing

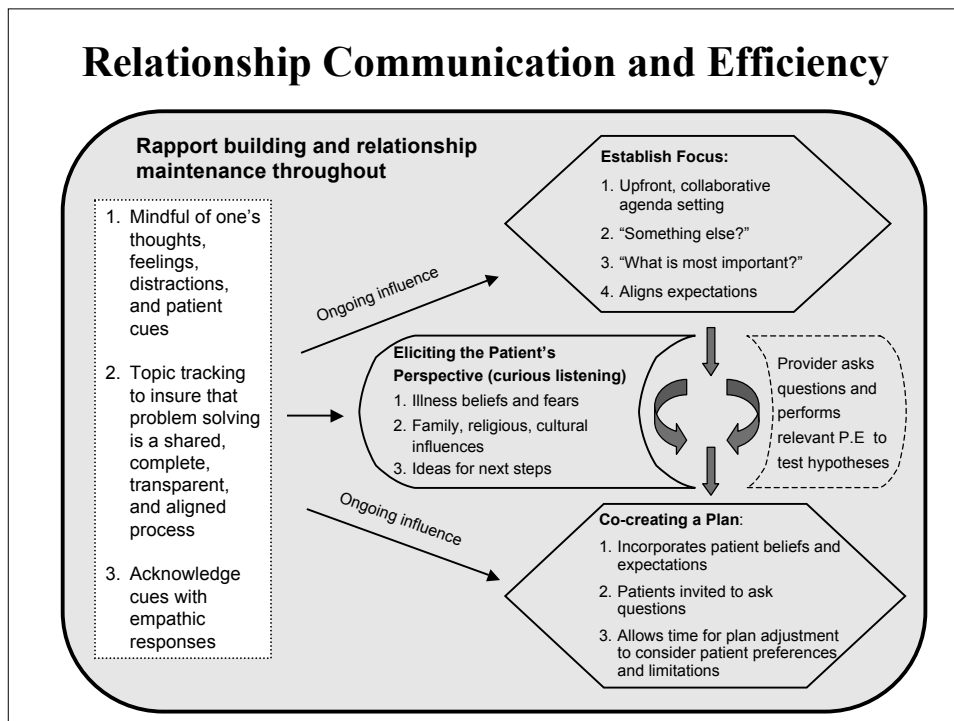
- Skills Used Simultaneously
 - Rapport building and the relationship maintenance
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Relationship Communication and Efficiency

Mauksch et al, July 14 2008, Arch of Intern Med



Relationship Communication and Efficiency



Skills Used Simultaneously:

Rapport building and the relationship maintenance

- Relationships are critical to the success of the patient-centered approach. Key piece is simply being present with the patient and demonstrating a willingness to accompany them on the journey.
- Healing relationships have an underlying structure according to research with 3 processes:
 1. create a nonjudgmental emotional bond.
 2. manage power in ways that would most benefit the patient.
 3. display a commitment to caring for patients over time.

(Scott, et al., 2008)

Skills Used Simultaneously:

Mindful practice

- *Quality of being present to the patient in the frame of the interview space. It is a critical curiosity on the part of the clinician, who then monitors his/her own thought processes in order to avoid dominating the agenda and forcing premature closure.*

purpose is to avoid any waste of time focusing on issues that are not important to the patient. The practice of passionate engagement with the patient has its roots in the original purpose of mindfulness in Buddhism; to alleviate suffering and cultivate compassion

(Ludwig & Kabat-Zinn, 2008)

Skills Used Simultaneously:

Topic tracking

- Average patient typically presents with 3 to 6 concerns per visit. (Beasley, et al., 2004)
- This skill requires an ability to identify and follow several important concerns.
- The practitioner monitors the discussion as if an outside observer; looking for course changes, uncompleted topics, and switching to other issues.
- Sub skills critical to topic tracking include:
 1. summarization, or sharing one's impression of what has been discussed;
 2. process transparency, or describing the interaction;
 3. goal alignment, or confirming the agreement on the focus of discussion.

Skills Used Simultaneously:

Acknowledging social or emotional clues with empathy

- Clue is defined as a direct or indirect comment providing information about life circumstances or feelings.
- Clues provide practitioners with a view of the patient's inner worlds and create opportunities for empathy and personal connections.
- A study of clues in primary care and surgical settings revealed that in over half of the visits patients provided clues, and the average number of clues provided was two to three.
- Only 21% of the clues in a primary care setting received a physician response and these missed opportunities were tied to longer visits. (Levinson, Gorawara-Bhat, & Lamb, 2000)
- Types of clues include:
 - Social clues gave an opportunity to learn about the patient's life but are not associated with an emotion.
 - Emotional clues involve the implicit seeking of support and/or the expression of a feeling.

Skills Used Sequentially:

Up-front, collaborative agenda setting

- Collaboratively build a history with the patient, rather than taking it
- Allow the patient to tell the story without interruption In order to assure inclusion of as many patient agenda items as possible (in conjunction with topic tracking and acknowledging clues)
- When patient finishes, ask , “Was there anything else you hoped to address today?”
- In a study of unvoiced agenda items in general practice, Just over 10% of patients in the study voiced all of their agenda items (Barry, Bradley, Britten, Stevenson, & Barber, 2000)

Skills Used Sequentially:

Exploring the patient's perspective

- Having clarified and prioritized the patient's agenda items, the next step is to explore a patient's current understanding of the condition and/or its management.
- This approach is interwoven with the diagnostic investigation. If patient and clinician differ on the ascribed cause, there is little chance they will agree on the prescribed treatment.
- These explorations may actually be accomplished without increasing visit length and may allay anxiety, improve adherence, and identify gaps in knowledge

Skills Used Sequentially:

Co-creating a Plan

- Once the agenda has been set, patient and clinician must agree upon the next steps.
- In this step, it becomes clear whether or not the practitioner has adequately followed the skills listed. Failure to follow clues, track topics, acknowledge agendas and elicit perspectives creates a misalignment and resistance
- This skill may involve negotiation between patient and practitioner as well as the use of additional skill sets such as health behavior change practices and motivational interviewing.

Patient-Centered Interviewing

in a Narrative Mode

- Narrative-based approaches employ certain narrative elements in order to better understand a human condition or situation. These elements consist of specific aspects one might think about when hearing or reading a story (e.g., narrator, point of view, and plot, etc.)
- Clinicians undertake narrative approaches to understand the world from the patient's point of view and to communicate and provide treatments within that context
- Helps to understand the characteristics and concerns of those in the story, why s/he is telling you about this now, what significant events transpired, and what has happened or might happen next, and why all of this is so important
- A central concept is that the meaning of a patient's illness and the context of any disease are central to case formulation and treatment planning, and the prerequisite to any successful application of an evidence-based practice.

Application in Student's Clinical Settings

- Purpose

Conduct a project using students to interview patients and provide information to their medical providers, and evaluate its impact and suitability as a small test of change in order to improve and expand this approach to improving patient-centered care in primary care settings.

- Rationale and Assumptions

- PCPs likely employ medical model; provider-centered approach
- PCPs unlikely to seek training but may be open to others performing services

Application in Student's Clinical Settings

- Provide a process for the PCP to identify frustrating and/difficult patients.
- Collect quality and adequate biopsychosocial data using the patient-centered narrative interviewing process.
- Organize and effectively present this case to the PCP.
- Assess changes in the clinical decision-making, level of frustration, and other general perceptions of the PCP.
- Determine how, when, and where to re-implement and/or expand the implementation of this project the future.

Application to Student's Clinical Settings

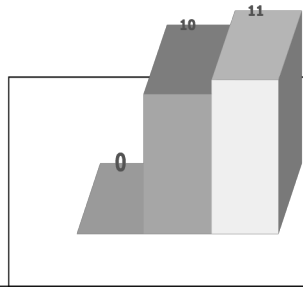
- Outcomes Evaluated
 - PCP perceptions of patient's condition, diagnosis and treatment plans
 - Value of information provided to PCP
 - PCP frustration
 - Differences between clinician and interviewer assessments of patient problems

Application to Student's Clinical Settings

- Intervention and Data Collection
 - PCPs invited
 - Patients selected; Clinician Problem Assessment form completed
 - Interviews performed; and Interviewer Problem Assessment form completed
 - Cases presented
 - Information discussed
 - Surveys completed,
 - Forms collected and submitted

Overall Value of Interview Information

Info Value to PCP



Not at all	0
Somewhat	10
Very	11

Application to Student's Clinical Settings

Value of information provided to PCP

- 100% (48%+ 52%++)
- Characteristics attributed to information:
 - >50% encouraging
 - >31% hopeful
 - >12% enthusiastic
 - >6% ambivalent
 - >3% indifferent
- Readiness to make change:
 - >Confidence: 83% very, 17% somewhat
 - >Act within: 50% now, 33% <6 mo., 27% 30 days

Application to Student's Clinical Settings

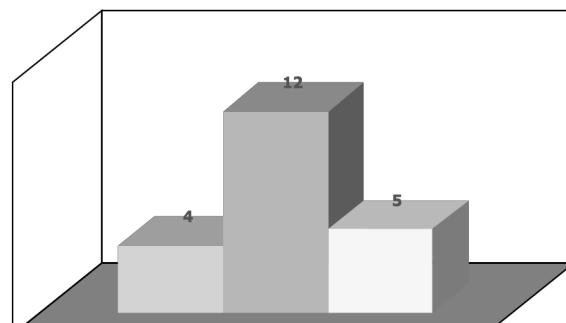
Value of information provided to PCP

- "Helps me with overall understanding and treatment planning,"
- "To put a plan together that will anticipate the patient's needs prior to presenting with a health decline,"
- "Helpful in giving additional information and another perspective,"
- "Helped me think about the case from a broader perspective,"
- "Reinforced diagnostic impression,"
- "Mental health is as important as the medical issues presented,"
- "It gives me good insight into the patient's behavior,"
- "This information made her more approachable and more straightforward to deal with,"
- "Provided me with alternative insight and viewpoints on approach and technique with his patient,"
- "Found impressions very helpful to my end decision,"
- "Knowing history of drug use will guide me in deciding interventions for enhancing client motivation and self esteem."

Application to Student's Clinical Settings

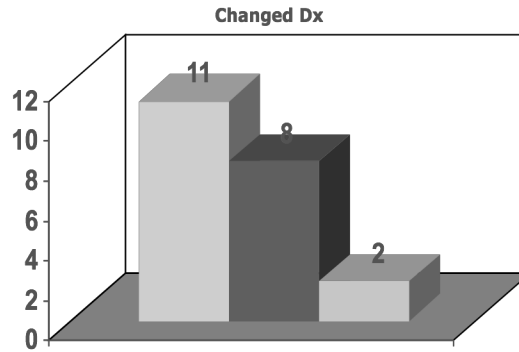
PCP's Understanding of Patient

Changed Understanding



■ Unchanged	4
■ Somewhat	12
■ Definitely	5

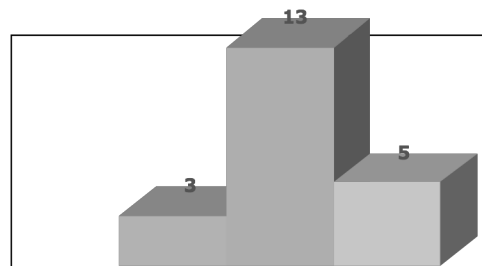
Application to Student's Clinical Settings Information Changed Diagnostic Impression:



Not at all	11
Somewhat	8
Definitely	2

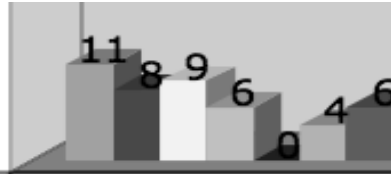
Application to Student's Clinical Settings Information Changed Treatment Options:

Changed Tx



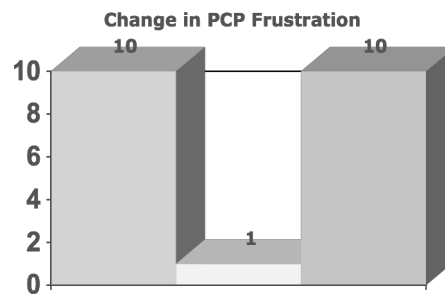
Not at all	3
Somewhat	13
Definitely	5

Application to Student's Clinical Settings Information Changed Treatment Options



■ Approach	11
■ Sequence	8
■ Referral	9
■ Rx	6
■ Lab	0
■ Test	4

Application to Student's Clinical Settings Change in PCP Frustration



■ Unchanged	10
■ More	1
■ Less	10

■ Unchanged ■ More ■ Less

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