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 a 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)

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
Teaching Approach and Method

Improving Communication Assessment
A Web Training Module:
https://catalyst.uw.edu/webq/survey/mauksch/107123

Creator: Larry Mauksch
lmauksch@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
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
Rapport building and relationship maintenance throughout
- Mindfulness
- Topic tracking
- Empathic response to social and emotional cues
  Quality: pt feels seen, cared for and a partner
  Efficiency: low distraction, aligned goals, organized effort

Establish Focus:
- Quality: understanding of patient expectations in larger context
- Efficiency: planning the use of time before using the time; fewer “oh by the ways”

Eliciting the Patient’s Perspective (curious listening)
- Quality: patient feels understood, invested, cared for, less anxious
- Efficiency: less wasted educational effort, sets up efficient planning

Shared Planning:
- Quality: Better satisfaction, adherence, outcomes from strong patient ownership and commitment
- Efficiency: less need for f/u, decreased use of additional resources

Co-creating a Plan:
1. Incorporates patient beliefs and expectations
2. Patients invited to ask questions
3. Allows time for plan adjustment to consider patient preferences and limitations

Establish Focus:
1. Upfront, collaborative agenda setting
2. “Something else?”
3. “What is most important?”
4. Aligns expectations

Eliciting the Patient’s Perspective (curious listening)
1. Illness beliefs and fears
2. Family, religious, cultural influences
3. Ideas for next steps

Provider asks questions and performs relevant P.E to test hypotheses

Ongoing influence
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)

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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

• 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 in 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

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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

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Application to Student’s Clinical Settings
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Application to Student’s Clinical Settings
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Application to Student’s Clinical Settings
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Application to Student’s Clinical Settings
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References


