

5-STEP PATIENT-CENTERED INTERVIEWING

Step 1 Set the stage for the interview (30–60 sec.)

1. Welcome the patient
2. Use the patient's name
3. Introduce yourself and identify specific role
4. Ensure patient readiness and privacy
5. Remove barriers to communication (sit down)
6. Ensure comfort and put the patient at ease

Step 2 Elicit chief concern & set agenda (1–2 min.)

7. **Indicate time available** (e.g. “We’ve got about 20 minutes together today...”)
8. **Forecast what you would like to have happen in the interview** (e.g. “...and I see that we need to review the blood tests you had done yesterday,...”)
9. **Obtain list of all issues patient wants to discuss**; specific symptoms, requests, expectations, understanding (e.g. “...but before we do that, it would help me to get a list of the things you wanted to discuss today.” “Is there something else?”)
10. **Summarize and finalize the agenda**; negotiate specifics if too many agenda items (e.g., “You mentioned 8 things you were hoping to cover. In the time we have together today, I don’t think we can address them all. Can you tell me which one or two are most troublesome for you; we’ll do a good job with those and I’ll see you back soon to work on some of the others.”)

Step 3 Begin the interview with non-focusing skills that help the patient to express her/himself (30–60 sec.)

11. **Start with open-ended request/question** (“Tell me about your headache.”)
12. **Use non-focusing open-ended skills** (attentive listening):
silence, neutral utterances, nonverbal encouragement
13. Obtain **additional data from nonverbal sources**:
nonverbal cues, physical characteristics, autonomic changes, accoutrements, environment, Self

Step 4 Use focusing skills to learn 3 things: Symptom Story, Personal Context, and Emotional Context (3–10 min.)

14. Elicit Symptom Story

Description of symptoms, using focusing open-ended skills such as:

Echoes (repeat the patient’s words, e.g. “Excruciating pain?”)

Requests (“That sounds important; can you tell me more about it?”)

Summaries (“First you had a fever, then two days later your knee began to hurt, and yesterday you began to limp.”)

15. Elicit Personal Context

Broader personal/psychosocial context of symptoms, patient beliefs/attribution, again using focusing open-ended skills.

16. Elicit Emotional Context

Use emotion-seeking skills:

Direct: “How are you doing with this?” “How does this make you feel?” “How has this affected you emotionally?”

Indirect: Impact (e.g., “How has this affected your life?” “What has your knee pain been like for your family?”); **Beliefs** about the problem (e.g., “What do you think might be causing your knee pain?”); **Self-disclosure** (e.g., “I think I might be frustrated if that happened to me.”); **Triggers** (e.g., “What made you decide to come in now for your...?” “What else is going on in your life?”)

17. Respond to Feelings/Emotions

Respond with words that empathically address the emotion (NURS):

Name: “You say being disabled by this knee pain makes you angry.”

Understand: “I can understand your feeling this way.”

Respect: “This has been a difficult time for you. You show a lot of courage.”

Support: “I want to help you get to the bottom of this and see what we can do.”

18. Expand the Story

Continue eliciting further personal and emotional context, address feelings/emotion with NURS.

Step 5 Transition to Middle of the interview (clinician-centered phase) (30–60 sec.)

19. Brief summary
20. Check accuracy
21. Indicate that both content and style of inquiry will change if the patient is ready (“I’d like to switch gears now and ask you some questions to better understand what might be going on.”).
Continue with Middle of the interview.

MIDDLE AND END OF THE INTERVIEW— CLINICIAN-CENTERED PORTION

Step 6 Obtain a Chronological Description of the HPI/OAP

1. Obtaining and Describing Data without Interpreting It
 - A. Symptoms Already Introduced by the Patient
 1. Onset and Chronology
 2. Position and radiation
 3. Quality
 4. Quantification
 5. Related symptoms
 6. Setting
 7. Transforming factors
 - B. Symptoms Not Yet Introduced in the Already Identified Body System
2. Interpreting Data While Obtaining It: Testing Hypotheses About the Possible Disease Meaning of Symptoms*
 - C. Describe Relevant Symptoms Outside the Body System Involved in the HPI
 - D. Inquire about the Presence or Absence of Relevant Non-symptom Data (Secondary Data) not yet Introduced by the Patient.

Step 7 Past Medical History

- General state of health and past illnesses
- Past injuries, accidents, psychological problems, unexplained problems, procedures, tests, psychotherapy
- Past hospitalizations (medical, surgical, obstetric, rehabilitation, psychiatric)
- Immunization history
- Status of age-appropriate preventive screening
- Female patient's women's health history
- Current medications, including dose and route
- Allergies

Step 8 Social History†

Occupation

Health Promotion

Diet, Physical Activity/Exercise, Safety, Health Screening, Functional Status

*Only clinical-level students are expected to be proficient with this style of inquiry.

Exposures

Substance Use

Caffeine, Tobacco, Alcohol, Drugs

Personal

Living Arrangement, Personal Relationships and Support Systems, Sexuality, Intimate Partner Violence, Life Stress, Mood, Impact (Meaning) of Illness on Self/Others, Beliefs/Explanations about Illness/Health, Triggers for Seeking Care, Spirituality/Religion, Health Literacy, Hobbies, Recreation, Important Life Experiences

Legal issues

Step 9 Family History

1. General Inquiry
2. Inquire about age and health (or cause of death) of grandparents, parents, siblings, and children
3. Ask specifically about family history of common inherited illnesses
4. Develop a Genogram

Step 10 Review of Systems

General, Skin, Hematopoietic, Head, Eyes, Ears, Nose, Mouth and Throat, Neck, Breasts, Cardiac and Pulmonary, Vascular, Gastrointestinal, Urinary, Genital, Neuropsychiatric, Musculoskeletal, Endocrine

Step 11 End of the Interview

1. Orient patient to the end of the interview and ask for permission to begin discussion
2. Iteratively explain diagnosis/prognosis; incorporate patient's informational needs
3. Invite the patient to participate in shared decision making
4. Iteratively explain testing and/or treatment options (including doing nothing) until agreement is reached; incorporate patient preferences
5. Summarize decisions and provide written plans/instructions
6. Acknowledge and support before saying goodbye

†(Items in bold should be asked about in most new patient encounters: they have high yield for risk factor modification, assist in building the doctor-patient relationship, and/or are important to patients but rarely brought up by them. Ask about other items as time allows and as indicated by the patient's symptom[s]).