

## 5-STEP PATIENT-CENTERED BEGINNING OF INTERVIEW

### 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
- 8) Forecast what you would like to have happen in the interview
- 9) Obtain list of *all* issues patient wants to discuss; e.g., specific symptoms, requests, expectations, understanding
- 10) Summarize and finalize the agenda; negotiate specifics if too many agenda items

### Step 3: Begin interview with non-focusing skills that help 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, patient's 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.")

### Step 4: Use focusing skills (cont.)

- 15) Elicit Personal Context  
Broader personal/psychosocial context of symptoms, patient beliefs/attributions (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.").
- 22) Continue with Middle of the interview