

# The Medical Interview: The Three Function Approach to Relationship-Centered Care (4<sup>th</sup> Ed) \*

## Table of Skills

03.23.22

### Function One: Connect

Function One Elements	Skills	Examples
<b>Meta-Elements</b> <b>Connect to Self in Context</b> <sup>1</sup> <b>Connect with Values (Attitude/Mindset)</b> <sup>2</sup>	Mindfulness & Reflection	Maintain “presence” [1] with personal-patient relationship and situation/context awareness. Acceptance, Positive Regard, Genuineness, Admission of limitations (humility), Curiosity, Compassion
<b>Invest in the Beginning [2]</b>	1. Skills of opening the interview	Prepare with intention. Scan the environment/observe the patient Greet the patient. On 1st visits, introduce yourself/explain roles/ask for preferred name (pronouns) Attend to patient comfort/respond to observed emotions/build initial rapport. Connect personally. Elicit all concerns and negotiate/prioritize agenda
<b>Communicate Nonverbally</b>	2. Nonverbal Skills	Optimize physical space. Minimize physical status difference (e.g., sit when possible). Maintain appropriate eye contact and attentive body/head position. Monitor own behavior, esp. facial expressions and voice tone; avoid off-putting cues. Use nonverbals (e.g., vertical head nodding, leaning in) to indicate active listening. Attend/respond to nonverbal behaviors throughout encounter (for optimal connection, co-construction, and collaboration).
<b>Integrate Digital Technology</b>	3. Skills of Exam-room Computing and Virtual Visits	Treat EHR as presence in room. Ask permission and explain computer use in 1st visits. When reading/documenting, return attention often to pt. (w/eye contact) w/ intentionality. Integrate digital technology throughout the encounter. For example, share screen while co-constructing narrative to check w/patient and document. Share screen to facilitate education. Document action plans in EHR.
<b>Align Empathically/Attend to Emotional Cues (throughout)</b>	4. Reflections (simple and complex) [3]; Respond to Windows of Opportunity	<i>“I hear you. This is difficult.”</i> (Acknowledgement – simple reflection) <i>“I see you’re feeling sad.”</i> (Simple reflection) <i>“I get the sense you’re frustrated.... possibly irritated as well.”</i> (Complex reflection)
	5. Legitimation (validation)	<i>“Lots of people feel the same way.”</i>
	6. Exploration	<i>“I’d like to hear some more of your thoughts and feelings about ...”</i>
<b>Join</b>	7. Respect/Affirm	<i>“I’m impressed with how well you’re coping ....”</i> <i>“That takes strength and perseverance.”</i>
	8. Support	<i>“I want to do what I can to help.”</i>
	9. Partnership	<i>“We’re in this together.”</i> <i>“Let’s you and I plan for ... (e.g., next steps).”</i>

\*Bird J, and Cohen-Cole S, (aka Cole S), published the original version of the Three Function Approach [4]. This Table of Skills will appear in Cole S, Frankel R, Bird J, Skeff K. *The Medical Interview: The Three Function Approach to Relationship-Centered Care, 4<sup>th</sup> Edition*. Elsevier, Philadelphia. In press. 2023. Joseph Weiner originally suggested the re-formulation of the three functions as they appear in this table as well as some specifics. Dennis Novack, Bruce Fireman, and Jamie Cohen-Cole commented and contributed.

<sup>1</sup> “Connect to Self in Context” and “Connect with Values (Attitude/Mindset)” are described as “meta-elements” because they influence and recur throughout the entire encounter.

<sup>2</sup> Miller WR, Moyers T: *Effective Psychotherapists: Clinical Skills that Improve Client Outcomes*, Guilford Press, 2021. Miller WM, Rollnick S: “Spirit of Motivational Interviewing” in *Motivational Interviewing*, Guilford, 2013.

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## Function Two: Co-Construct the Narrative

Function Two Elements	Skill	Example
<b>A. Co-Construct the Agenda</b>		
Elicit and Prioritize Concerns	10. Elicit concerns	<i>"How can I help you today? "What concerns/problems brought you to the hospital?"</i>
	11. Survey problems/Elicit all concerns ("What Matters to You?") ("Listen Intently and Completely")	<i>"What else concerns you?" "In what other ways can I be of help?" "What else is on your mind?"</i>
Share Decision-Making for Agenda Priorities	12. Negotiate (agree on) order of concerns	<i>"You mentioned several concerns. Let's decide together where to start. What matters most to you?"</i>
<b>B. Co-Construct the Medical History, including the "Expanded History of the Present Illness" (EHPI)<sup>3</sup></b>		
<b>1. Elicit the Chronology of the Present Illness (CPI): Use Chronologically Oriented Data-Gathering Skills</b>	13a. Use open-to-closed "cone" of questioning, grounded in the chronological evolution of symptoms	<i>"Let's start from the very first time you felt unwell. I'd like to hear all the details of what happened first...and what happened next?" ... "When/how did things change?" .... Or "Tell me the story of your concerns, starting from the beginning up to today."</i>
	13b. Characterize symptoms in detail ("OPQRST"), with pertinent positives and negatives for clinical reasoning	<i>"Tell me about the pain at that time?" ... "Did it hurt more w/ lying, sitting, or standing? ... "What about exercise?" ... "How would you describe the quality of the pain?" ... "Did it go down your leg?" ... "Was there numbness?" ... "Tingling?" ...etc.</i>
	14. Facilitation (nonverbal/verbal) ("linguistic continuers")	<i>(Attentive silence) ... (head-nod) .... "Tell me more..." "Uh-huh...(pause)" "OK..."</i>
	15. Checking/summarizing	<i>"Let me review what you've been saying to make sure I have it right..."</i>
<b>2. Explore Ecology of Illness ("CHAI")<sup>4</sup> (Context, Hopes/Expectations, Attributions/Concerns, Impact)</b>	16. Inquire about context <sup>5</sup>	<i>"What would you like me to know about you so I can better help?"<sup>6</sup> "What was going on in your life ...when this started" (e.g., at home, at work, stresses, mood etc.) "Can you tell me about medical problems in your family...cardiac disease? cancer?" [5]</i>
	17. Ask about hopes/expectations	<i>"Can you tell me about your hopes? ... what are you expecting?"</i>
	18. Elicit attributions/concerns	<i>"I wonder what you think may be causing these problems?" "What concerns you most?"</i>
	19. Check impact on quality of life	<i>"How have these problems affected you: e.g., home, work, emotions, sexual function...?"</i>
<b>3. Identify/Affirm Attributes and Resources to Empower</b>	20. Ask about/capitalize on strengths, interests, goals, hopes, and resources	<i>"What have you felt good about or enjoyed... what interests you? ...What do you want to start?...What do you hope for?"... "Who can you turn to for support? ...community resources?"</i>
<b>C. Use the Co-Constructed Narrative for Differential Diagnosis, Documentation, Presentation, and Care</b>		

<sup>3</sup> The "EHPI" "expands" and replaces the traditional HPI (see text).

<sup>4</sup> The acronym "CHAI" was originally suggested by Patricia Ng and Susan Lane.

<sup>5</sup> "Context" includes psychosocial variables (e.g., social determinants of health), as well as genetic, biomedical risk factors.

<sup>6</sup> Suggested by William Ventres.

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### Function Three: Collaborate for Care

Function Three Elements	Skill	Example
<b>Assess Adherence</b>	21. Elicit specific information, normalizing adherence challenges	<i>"Can you review your prescribed medications? Names, doses, times/day. etc.?"</i> <i>"Most everyone has trouble taking medicine...(exercising) regularly. What challenges have you had?"</i>
<b>Provide Dx Information</b> <i>Use "ARTS" [6]</i> <sup>7</sup>	Connect to Self in Context 22. Assess 23. Respond 24a. Tell b. Teach-Back 25. Seek Collaborative Solutions	Prepare mindfully Assess personal & pt. emotions, expectations, baseline knowledge, preferences, health literacy, etc. <i>"You seem worried. Whatever the results, we'll work together to find the best possible solutions..."</i> Frame information: Frame information attending to patient goals, emotions, & context "Check" comprehension via "teach-back:" <i>"To be sure I've been clear, could you tell me back...?"</i> Respond to emotions as they emerge, offer support, and explore next steps, as appropriate.
<b>Share Decision-Making</b> <i>Use "ARTS"</i>	Connect to Self in Context 22. Assess  23. Respond 24a. Tell b. Teach-Back 25. Seek Collaborative Solutions	Prepare mindfully Assess personal & pt. goals, emotions, expectations, baseline knowledge, preferences, health literacy, etc. <i>"Before discussing high blood pressure, could I ask what you know about that?"</i> <i>"With your dad's history of strokes, I can see this is something that worries you."</i> "Frame information about Rx. options, benefits/risks, w/attention to cog. load, emotions, readiness, preferences, literacy, etc." "Check comprehension via "teach-back:" <i>"To be sure I've been clear, could you tell me back...?"</i> <i>"After reviewing these options, I wonder what you'd like to do?"</i>
<b>Support Patient Self-Management; Facilitate Health Behavior Change</b>  <i>Use "BAP:" Brief Action Planning [7]</i> <i>(For patients ready, or near ready, for planning)</i>  <i>Use BAP-MI (Motivational Interviewing) [8] [9]</i> <i>(For patients who are unable or unwilling to make action plans with BAP)</i>	26. Probe with Question #1 27. Use Behavioral Menu 28. Specify w/SMART Planning 29. Elicit Commitment 30. Scale for Confidence 31. Problem Solve 32. Arrange Accountability 33. Follow-Up  34. Align throughout (Connect) 35. Co-Construct story of the problem of focus (With MI Spirit)  36. When appropriate, re-probe w/BAP Question #1	<i>"Is there anything you'd like to do for your health...?"/ "Would you like to make a plan about...?"</i> <i>"Would it be helpful for me to share some ideas that other patients have found helpful?"</i> <i>"Would you like to specify details of a plan, e.g., when, where, how often, how long....?"</i> <i>"Just to be sure we're on the same page, would you tell me back your plan?"</i> <i>"On a scale of 0-10... about how confident are you that you will be able to complete your plan?"</i> <i>"Would you like to talk about ways you might be able to increase your confidence?"</i> <i>"Would you like to set up a check on how you're doing with your plan?"</i> <i>"So, how did it go with your plan?"</i>  <i>"This seems upsetting to you" ... "I'd like to do what I can to help." (Function One)</i> Review hx., co-creating the story: affirm strengths/successes; use autonomy-supportive, empowering questions/reflections, e.g.: <ul style="list-style-type: none"> <li>• <i>"I'd like to hear about your experiences with... (e.g., smoking cessation)?...your successes?"</i></li> </ul> <i>"Cultivate Change Talk"/ "Soften Sustain Talk"</i> <ul style="list-style-type: none"> <li>• Attend to ambivalence (e.g. with complex reflections): <i>"You seem of two minds: one part feels unready to change; yet another part seems to want it"</i></li> <li>• Respond selectively to explore, encourage, reinforce, affirm, reflect change talk: <i>"It seems you're concerned about staying healthy; you're the kind of person who can accomplish quite a lot for yourself when you put your mind to it...like when you stopped smoking..."</i></li> </ul> <i>"Based on what you've been saying, I'm wondering if you'd like to go ahead with a plan for...?"</i>

<sup>7</sup> Adapted by Ellen Pearlman from ART model developed by AACH (American Academy on Communication in Healthcare). ARTS is aligned with other approaches to information sharing and patient education from health coaching and Motivational Interviewing literature, such as "Ask-Tell-Ask" or "Elicit-Provide-Elicit."

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