

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

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Cole SA, Frankel RM, Bird J, Skeff KM

## Meta-Skills of Connection

The three meta-skills of connection (Function One) provide foundational support for developing a trusting bidirectional emotional relationship between clinician and patient. They are considered “meta-skills” because they represent higher-order skills that facilitate learning and clinical implementation across all three functions throughout the entire encounter.

Meta-Skill/Goal	Examples/Descriptions
1. Connect to Self in Context	-Maintain mindful presence with personal/situation awareness and attention to personal bias
2. Connect with Values	- Demonstrate acceptance, partnership, humility, curiosity, compassion
3. Connect Nonverbally	<ul style="list-style-type: none"><li>- Minimize physical status difference (e.g., sit at same level as patient as possible).</li><li>- Maintain appropriate eye contact and attentive body/head position.</li><li>- Use nonverbals (e.g., head nodding, leaning in) to indicate active listening.</li><li>- Respond appropriately to nonverbals signals throughout the interview.</li><li>- Monitor own behavior, esp. facial expressions and voice tone.</li></ul>

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## Skills of Function One: Connect

Goal	Skills	Examples/Descriptions
Invest in the Beginning	1. Skills of opening the interview	<ul style="list-style-type: none"><li>- Prepare with intention. Scan the environment/observe the patient.</li><li>- Greet pt.</li><li>- On 1<sup>st</sup> visits, introduce self &amp; EHR. Discuss methods of address. Explain purpose and roles.</li><li>- Attend to patient comfort/respond to observed emotions/build initial rapport.</li><li>- Listen intently, completely. Interrupt only w/respect &amp; purpose.</li><li>- Elicit full spectrum of concerns (ask <i>"What else...?"</i>)</li><li>- Negotiate/prioritize agenda (<i>"What matters to you?"</i>).</li></ul>
Align Empathically	2. Reflection: attend and respond to nonverbal and verbal emotional cues	<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)
	3. Legitimation (validation)	<i>"Lots of people feel the same way."</i>
	4. Exploration	<i>"I'd like to hear some more of your thoughts and feelings about ..."</i>
Join	5. Support	<i>"I want to do what I can to help."</i>
	6. Partnership	<i>"We're in this together."</i> <i>"Let's you and I plan for ... (e.g., next steps)."</i>
	7. Respect/Affirm	<i>"I'm impressed with your coping ...."</i> <i>"That takes strength."</i>

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## Skills of Function Two: Co-Construct the Narrative

Goals-Three Pillars	Skills/Microskills	Examples/Descriptions
<b>Elicit the Chronologically Grounded Health History</b>  <b>(CPI/HPI, Past Medical History, Family History, Patient Profile and Social History, ROS)</b>	1. Elicit all Concerns	<i>"How can I help you today?" or "What brought you to the hospital/clinic?"</i> <i>"What else concerns you...?"</i>
	2. Questioning Open and closed questions, and the open-to-closed cone	<i>"When did you first feel ill?"</i> <i>When and how did the symptoms change?" or</i>
	2a. Invite the patient to present the history, grounded in the <u>chronological</u> evolution of symptoms	<i>"Let's start from the first time you felt unwell. I'd like to hear the details of what happened first, as well as any recent stresses or life events, or doctor visits."</i> <i>...and what happened next?"</i>
	2b. Characterize symptoms in more detail ("OPQRST"), progressively narrowing focus, using more closed questions to evaluate <u>pertinent positives/negatives</u> for dx. reasoning.	<i>"Tell me about the pain at that time?" ...Where did it hurt?...</i> <i>"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>
	3. Facilitation (nonverbal/verbal)	(Attentive silence) ... (head-nod) .... <i>"Tell me more."</i> <i>"Uhuhuh" ... (pause)"</i>
<b>Explore the Ecology of the Illness ("CHAI")</b> <ul style="list-style-type: none"> <li>- <b>Context</b></li> <li>- <b>Hopes/Expectations</b></li> <li>- <b>Attributions</b></li> <li>- <b>Impact</b></li> </ul>	4. Clarification and direction	<i>"You say the allergies have gotten out of hand. Can you help me understand what you mean when you talk about your allergies?"</i> <i>"This sounds like it could be a problem in itself (stress). Why don't we talk about the headaches for a few more minutes and then come back to your stresses."</i>
	5. Check/summarize	<i>"Let me review what you've been saying to make sure I have it right..."</i>
	Questioning, facilitation, clarification/direction, checking/summarization	<b>Context</b> <i>"What would you like me to know about you so I can be most helpful?"</i> <i>"What was/is going on in your life when this started" (e.g., at home, at work, stresses, mood etc.)</i>
		<b>Hopes/Expectations</b> <i>"What are you hoping we might accomplish together?"</i> <i>"What are your hopes as we deal with your illness?"</i>
		<b>Attributions</b> <i>"What do you think may be causing these problems?"</i> <i>"What worries you most?"</i>
		<b>Impact</b> <i>"How have these problems affected you? (e.g., at home, at work, your emotions, your sexual function, etc....)"</i>
<b>Identify/Affirm Strengths and Resources to Empower Resilience and Problem-Solving</b>		<b>Strengths &amp; Resources</b> <i>"What have you felt good about or enjoyed ... what interests you? ...What do you like to do/look forward to?... "Who can you turn to for support? ...What community resources are available for help?" "How might you be able to change things to feel better?"</i>

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## Skills of Function Three: Collaborate for Care

Goal	Skills	Examples/Descriptions
<b>Share Information &amp; Share Decision-Making</b>	<b><u>Cycles of “ARTS”</u></b> 1. <u>Assess</u> 2. <u>Respond</u>  3a. <u>Tell</u> (“Chunk”)  and  3b. <u>Teach-Back</u> (“Check”)  4. <u>Seek Collaborative Solutions</u>	- Assess patient knowledge, readiness, emotions, expectations, preferences, health literacy, motivation - Respond to emotions throughout, offer partnership/support <i>“You seem worried. Whatever the results, we’ll work together to find the best possible solutions...”</i>  <u>(Tell/ “Chunk”)</u> -Frame information attending to original expressed concerns, cognitive load, emotions, & context. - Explain treatment choices and options w/rationale, ensuring discussion of risks, benefits, expected outcomes and alternatives w/attention to emotions, readiness, barriers, exploration of pt. preferences, literacy, etc. Use decision-support tools.  <u>(Teach-Back/ “Check”)</u> -Ensure comprehension via “teach-back:” <i>“To be sure I’ve been clear, could you tell me back...? (as appropriate)”</i>  Move towards decisions in partnership; ensure patients feel ready; offer more time if needed.
<b>Assess Adherence</b>	5. Elicit specific information 6. Normalize challenges	<i>“Can we go over your complete medication list? Names, doses, times/day?”</i> <i>“Many people find it difficult to take medications...(or exercise) regularly... What challenges have you had?”</i>
<b>Support Pt. Self-Management &amp; Facilitate Health Behavior Change</b> (for patients ready/nearly ready for change)	7. BAP <u>Foundational Skills</u> <u>Make the Plan</u> <ul style="list-style-type: none"> <li>Ask about personal goals</li> <li>Ask about specifics</li> </ul> <u>Reinforce the Plan</u> <ul style="list-style-type: none"> <li>Ask about commitment</li> <li>Ask about confidence</li> <li>Ask about checking in</li> </ul> <u>Stepped Care Skills</u> <ul style="list-style-type: none"> <li>Ask about Behavioral Menu</li> <li>Ask about Problem Solving</li> <li>Ask about Follow-Up</li> </ul>	<i>—Is there anything you’d like to do for your health in the next week or two?</i> <i>—Would you like to make a plan about...? Would you like to specify details ....?</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...?</i> <i>—Would you like to set up a check on how you’re doing with your plan?</i>  <i>—Would it be helpful for me to share some ideas...?...</i> <i>—Would you like to work with me to increase your confidence? (if &lt;7)...</i> <i>—So, how did it go with your plan?...”</i>
<b>Close the Interview with Connection &amp; Continuity</b>	8. Affirm connection & continuity	<i>“I look forward to seeing you next time.”</i>

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## Skills of BAP-MI:

### The Three Function Approach to Motivational Interviewing and Coaching in Healthcare

Goal	Skills	Examples/Descriptions
<b>Support Patient Self-Management &amp; Facilitate Health Behavior Change</b>  <i>(For patients who are ambivalent about changing persistent unhealthy behaviors, who do not make action plans with BAP)</i>	<b><u>BAP-MI (Advanced Skills)</u></b>  1. Use skills of Connection (Function One) to build engagement and/or respond to distress or discord, related to persistent unhealthy behaviors  2. Use MI skills of “Evocation,” as needed, to co-construct a re-framed medical narrative built on the patient’s own “change talk”  a. clarify ambivalence  b. “Soften Sustain Talk”  c. “Cultivate/Respond to Change Talk” - open questions  - complex reflections  - affirmations  - exploration  3. When appropriate (as patient’s “change talk” increases and strengthens) re-probe w/context-specific version of Question #1	<i>“It seems annoying to you when I keep asking about your smoking...”</i> (complex reflection) <i>“I can understand that. Lots of people find this difficult...”</i> (legitimation – empathic alignment) <i>“I want to do whatever I can to help...”</i> (join/support) <i>“Would you like to work with me to...?”</i> (seek collaboration) <i>“We can work on this together...”</i> (partnership)   <i>“You seem of two minds: one part feels unready or unable to change; yet another part sounds like it is quite important to make some changes.”</i>  Respond selectively to “sustain talk” with sufficient empathy and affirmation for genuine, authentic alignment and connection... <i>I am understanding that you feel increasingly frustrated that nothing seems to work for you...</i> while remaining strategically aware that persistent empathic exploration of sustain talk has been shown to deepen and increase sustain talk.  Encourage, recognize, explore, affirm, reflect and nurture emergent and adaptive “change talk” <i>“I’m wondering what kind of things you might do, if you ever decided you were going to ...”</i>  <i>“Despite all the barriers and problems you’ve mentioned, I’m also hearing lots of concerns for your long-term health...”</i>  <i>“You’re the kind of person who can accomplish quite a lot when you put your mind to it...like when you were able to stop smoking when you needed to do that during your pregnancy...”</i>  <i>“You talked about the reasons why you sometimes think you try some other ways to manage your angry feelings. Could you say some more about that...?”</i>  <i>“Based on what I’m hearing you say, I’m wondering if you’d like to go ahead and make a plan about...?”</i>