

## Table 1: Meta-Skills of Connection

The three meta-skills of connection provide foundational support for developing a trusting bidirectional emotional relationship between clinician and patient (Function One). They are considered “meta-skills” because they support all three functions including Co-Construction (Function Two) and Collaboration for Care (Function Three).

<b>Goal/Meta-Skill</b>	<b>Examples/Descriptions</b>
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>

**Table 2-2: Core Skills**

**Function One: Connect**

Goal	Skills	Examples/Descriptions
<b>Invest in the Beginning</b>	<b>1. Skills of opening the interview</b>	<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. Explain purpose and roles.</li> <li>- Ask for preferred name/pronouns.</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 (survey) all concerns (ask “<i>What else...?</i>”)</li> <li>- Negotiate/prioritize agenda (“<i>What matters to you?</i>”).</li> </ul>
<b>Align Empathically</b>	<b>2. Reflection:</b> attend and respond to nonverbal and verbal emotional cues	<p>“<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)</p>
	<b>3. Legitimation (validation)</b>	“ <i>Lots of people feel the same way.</i> ”
	<b>4. Exploration</b>	“ <i>I’d like to hear some more of your thoughts and feelings about ...</i> ”
<b>Join</b>	<b>5. Support</b>	“ <i>I want to do what I can to help.</i> ”
	<b>6. Partnership</b>	“ <i>We’re in this together.</i> ” “ <i>Let’s you and I plan for ... (e.g., next steps).</i> ”
	<b>7. Respect/Affirm</b>	“ <i>I’m impressed with your coping ....</i> ” “ <i>That takes strength.</i> ”

**Table 2-2: Core Skills**

**Function Two: Co-Construct the Narrative**

Goal/Three Pillars	Skills	Examples/Descriptions
<p><b>Elicit the Health History (HPI, Past Medical History, Family History, Personal and Social History, ROS)</b></p>	<p><b>1.Questioning</b>  <b>Open and closed questions, and the open-to-closed cone</b></p> <p>1a. Invite the patient to present the history, grounded in the <u>chronological</u> evolution of symptoms</p> <p>1b. Characterize sx. in more detail ("OPQRST"), progressively narrowing focus, using more closed questions to evaluate pertinent positives/negatives for dx. reasoning.</p>	<p>"How can I help you today?" or "What brought you to the hospital/clinic?"</p> <p>"When did you first feel ill?"                      When and how did the symptoms change?" or</p> <p>"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."                      ...and what happened next?"</p> <p>"Tell me about the pain at that time?" ...Where did it hurt? ...                      "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.</p>
	<p><b>2.Facilitation (nonverbal/verbal)</b></p>	<p>(Attentive silence) ... (head-nod) .... "Tell me more." "Uhhuh"...(pause)"</p>
	<p><b>3. Clarification and direction</b></p>	<p>"You say the allergies have gotten out of hand. Can you help me understand what you mean when you talk about your allergies?"                      "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."</p>
	<p><b>4.Check/summarize</b></p>	<p>"Let me review what you've been saying to make sure I have it right..."</p>
	<p><b>5. Survey problems (What else...?)</b></p>	<p>"What else concerns you ...?"</p>
<p><b>Explore the Ecology of the Illness ("CHAI")</b></p> <ul style="list-style-type: none"> <li>- <b>C</b>ontext</li> <li>- <b>H</b>opes/Expectations</li> <li>- <b>A</b>ttributions</li> <li>- <b>I</b>mpact</li> </ul>	<p><b>Questioning, facilitation, clarification/direction, checking/summarization, and survey problems (as described above)</b></p>	<p><b>Context</b>                      "What would you like me to know about you so I can be most helpful?"                      "What was/is going on in your life when this started" (e.g., at home, at work, stresses, mood etc.)</p>
<p><b>Hopes/Expectations</b>                      "What are you hoping we might accomplish together?"                      "What are your hopes as we deal with your illness?"</p>		
<p><b>Attributions</b>                      "What do you think may be causing these problems?"                      "What worries you most?"</p>		
<p><b>Impact</b>                      "How have these problems affected you? (e.g., at home, at work, your emotions, your sexual function, etc....)"</p>		
<p><b>Identify/Affirm Strengths and Resources to Empower Resilience and Problem-Solving</b></p>		<p><b>Strengths &amp; Resources</b>                      "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?"</p>

**Table 2-2: Core Skills**

**Function Three: Collaborate for Care**

Goal	Skills	Examples/Descriptions
<b>Share Information &amp; Share Decision-Making</b>	<u>Cycles of “ARTS”</u> 1. <u>A</u> ssess 2. <u>R</u> espond  3. <u>T</u> ell (“Chunk”)   4. <u>T</u> each-Back (“Check”)   5. <u>S</u> eek Collaborative Solutions	- 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>	6. Elicit specific information 7. 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)	8. <u>BAP</u>  - Elicit Personal Goals with Question #1 - Use Behavioral Menu - Use SMART Planning - Elicit Commitment - Scale for Confidence - Problem Solve (if <7) - Arrange Accountability - Follow-Up	<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>
<b>Close the Interview Affirming Connection and Continuity</b>	9. Ensure comprehension (as appropriate); affirm connection & continuity	<i>“We’ve covered a lot today.</i> <i>“Just to make sure we’re on the same page, can you review for me our discussions about your illness and your plans?” (as appropriate)</i> <i>“I look forward to seeing you next time.”</i>

**Table 2-3:  
Advanced Skills (BAP-MI)**

<b>Goal</b>	<b>Skills</b>	<b>Examples/Descriptions</b>
<p><b>Support Patient Self-Management &amp; Facilitate Health Behavior Change</b></p> <p><i>(For patients who are ambivalent about changing persistent unhealthy behaviors, who do not make action plans with BAP)</i></p>	<p><b><u>BAP-MI (Advanced Skills)</u></b></p> <p>1. Use skills of Connection (Function One) to respond to <u>distress or discord</u></p> <p>2. Use MI skills of “<b>Evocation</b>” that Co-Constructs (Function Two) a re-framed medical narrative around change</p> <p>a. clarify ambivalence</p> <p>b. “Soften Sustain Talk”</p> <p>c. “Cultivate Change Talk” - e.g. open questions</p> <p>- e.g. complex reflections</p> <p>-e.g. affirmations</p> <p>3. When appropriate (as patient’s “change talk” increases and strengthens) re-probe w/context-specific version of Question #1</p>	<p>“<i>This seems upsetting to you...</i>” (reflection, empathy)  “<i>I’d like to do what I can to help...</i>” (support)  “<i>We can work on this together...</i>” (partnership)</p> <p>“<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>”</p> <p>Respond with selective inattention to sustain talk</p> <p>Encourage, explore, affirm, reflect change talk  “<i>I’m wondering what kind of things you might do, if you ever decided you were going to ...</i>”</p> <p>“<i>Despite all the barriers and problems you’ve mentioned, I’m also hearing your concerns for your long-term health...</i>”</p> <p>“<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>”</p> <p>“<i>Based on what I’m hearing you say, I’m wondering if you’d like to go ahead with a plan for...?</i>”</p>