FACULTY DEVELOPMENT
CURRICULUM
FOR TRAINING
RESIDENTS
IN
PATIENT-CENTERED
INTERVIEWING
CAPITAL CITY CONSORTIUM
COMMUNICATION THEME TEAM

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COMMUNICATION THEME TEAM

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General Goals

1. Integrate conceptual, clinical, teaching and research aspects of the biopsychosocial dimensions of medicine.
2. Teach psychosocial primary care principles
3. Establish an efficient, focused and cost effective method that recognizes the unique demands of Medicaid patients in a primary care setting
4. Apply an integrated patient/learner centered approach
5. Develop self-learning, self-awareness and self-understanding
6. Evaluate skill maintenance

Course Objectives

This primarily skills-oriented curriculum will address the following knowledge, attitudes and skills as outlined in *The Patient's Story* (1996), by Robert C. Smith:

Knowledge
1. Physician-patient relationship and unrecognized responses of the physician
2. Practical psychopharmacology
3. Patient-centered interviewing

Attitudes

1. Positive attitude toward an integrated biopsychosocial approach
2. Appreciation of patient/learner-centered approach
3. Positive attitude toward personal change, growth, development and self-learning
4. Positive attitude toward psychosocial medicine
5. Self-efficacy regarding specific interviewing skills

Skills
1. Data gathering and interpersonal skills
2. Informing and motivating skills
CURRICULUM FOR FACULTY LEARNERS

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CURRICULUM FOR FACULTY LEARNERS

Course Description:

This course focuses on the patient centered communication and interpersonal skills needed in a primary care setting. The course emphasizes the biopsychosocial dimensions of medicine with a focus on the unique needs of underserved populations. The impact of cultural diversity and personality styles will be discussed. In addition, learners will develop teaching skills related to interviewing content and will develop a teaching plan for their own residents.


Course Objectives: The faculty will be able to:

1. Analyze and demonstrate communication skills needed for professional interaction with patients (as found in text, ch. 2, table 2); see Appendix 1
2. Integrate appropriate interviewing responses to facilitate effective physician-patient communication (ch. 3, steps 1-5); see Appendix 2
3. Discuss the influence diversity may have in the physician-patient relationship, specifically patients in the Medicaid population.
4. Critique and evaluate interviewer responses, including on-going self critique/evaluation
5. Identify challenging patient situations that may occur during an interview (outlined in chapter 6)
6. Evaluate the interviewer's own personal impact on the patient and the patient’s impact on the physician (chapter 7)
7. Develop strategies to teach interviewing content to medical residents focusing on experiential and attitudinal issues

Instructional Model:

The course includes 48 hours of direct content, utilizing didactic, role playing and class discussion methods. An additional 48 hours will be integrated to focus on practicing interviewing skills with both real in and out-patients. Subsequently, 24 hours will be scheduled as rehearsal teaching time with residents similar to those they will later be training.
Faculty Training Course Schedule: *See following page for diagram

September 1999-February 2000

A. Teaching: Total of 48 hours

  Introductory material: 2 four hour blocks followed by 2 hours each week for 20 weeks.

B. Skills Practice: Total of 48 hours

  Initial practice: 2 four hour blocks during introductory material, followed by 2 hours per week for 20 weeks between teaching sessions

C. Practice Teaching: 4 hours each week for 6 weeks

Total faculty training is 120 hours: 48 hours teaching content, 48 hours skills practice and 24 hours practice teaching
FACULTY TRAINING 1999 (Total 120 hours)

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<th>September</th>
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<th>November</th>
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<td><strong>Teaching</strong></td>
<td>2 four-hour blocks (8 hours)</td>
<td>2 hours/week for 20 weeks (40 hours)</td>
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<td><strong>Practice</strong></td>
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Appendix 1: Facilitating Skills

The learner will demonstrate the following skills in role play and with real patients:

I. Questioning Skills

A. Open-ended
   1. Silence
   2. Nonverbal encouragement
   3. Neutral utterances, continuers
   4. Reflection, echoing
   5. Open ended requests
   6. Summary, paraphrasing

B. Close-ended
   1. Yes/no answers
   2. Brief answers

II. Relationship-Building Skills

A. Emotion-seeking
   1. Direct “How does that make you feel?”
   2. Indirect: self disclosure, impact on life, impact on others, belief about problem

B. Emotion-Handling
   1. Naming, labeling “So, that made you sad”
   2. Understanding, legitimating “I can understand that”
   3. Respecting, praising “You’ve had a difficult time and handled it well”
   4. Supporting, partnership “Working together, you and I can get to the bottom of this”
Appendix 2: Patient-Centered Process: 5 steps

The learner will demonstrate the following skills in role play and with real patients in the sequence described:

I. Setting the stage for the interview (Step 1)

A. Welcome the patient  
B. Use the patient’s name  
C. Introduce self and identify specific role  
D. Ensure patient readiness and privacy  
E. Remove barriers to communication  
F. Ensure comfort and put the patient at ease

II. Chief Complaint/Agenda setting (Step 2)

A. Indicate time available  
B. Indicate own needs; e.g., take history and perform physical examination  
C. Obtain list of all issues patient wants to discuss; e.g., specific symptoms, requests, expectations, understanding  
D. Summarize and finalize the agenda; negotiate specifics if too many agenda items

III. Non-focused Interviewing (Step 3)

A. Open-ended beginning questions  
B. Non-focused open-ended skills: silence, neutral utterances, nonverbal encouragement  
C. Focused open-ended inquiry also appropriate if needed to get patient talking: echoing, summary, requests  
D. Closed-ended questions for clarification  
E. Obtain additional data from the following sources: nonverbal clues, physical characteristics, autonomic changes, accouterments and environment
IV. Focused Interviewing (Step 4)

A. Obtain personal description of the symptoms (Focusing open-ended skills)
B. Extend the story to the broader, personal context of the symptoms (Focusing open-ended skills)
C. Develop a free flow of personal data (Focusing open-ended skills)
D. Develop an emotional focus (Emotion-seeking skills)
E. Address the emotion/s (Emotion-handling skills)
F. Use the cycle of "core dynamic skills" repeatedly to better identify and deepen the story (focused open-ended skills, emotion-seeking skills, emotion-handling skills)
G. Conclude and address other current issues

V. Transition to the Doctor-Centered Process (Step 5)

A. Brief summary
B. Check accuracy
C. Indicate that both content and style of inquiry will change if the patient is ready