Gather Information I. Survey Patient's Reasons for the Visit a. Start with open-ended, nonfocused questions b. Invite patient to tell the story chronologically ("narrative thread") Begin Interview Allow the patient to talk without interrupting Actively listen Prepare Open Encourage completion of the statement of all of patient's concerns Review the patient's chart Greet and welcome the patient and family member through verbal and nonverbal encouragement ("Tell me more," the b. Assess and prepare the exhaustive "What else") physical environment Introduce vourself f. Summarize what you heard. Check for understanding. Invite more Optimize comfort Explain role and orient patient to the flow of the ("Anything more?") and privacy visit H. Determine the Patient's Chief Concern Minimize d. Indicate time available and other constraints a. Ask closed-ended questions that are nonleading and one at a time interruptions and Identify and minimize barriers to communication Define the symptom completely distractions Calibrate your language and vocabulary to that of III. Complete the Patient's Medical Database c. Assess your own personal the patient a. Obtain past medical and family history issues, values, biases Accommodate patient's comfort and privacy Elicit pertinent psychosocial data and assumptions going Summarize what you heard and how you understand it, check for into the encounter accuracy End Interview Fundamental Skills to Maintain During the Entire Interview Elicit and Understand Patient's Perspective Close a. Ask patient about ideas about illness or I. Use Relationship Building Skills Signal closure problem Allow patient to express self Inquire about any other issues or Ask patient about expectations Be attentive and empathic non-verbally Explore beliefs, concerns and expectations concerns Use appropriate language Ask about family, community, and Allow opportunity for final Communicate non-judgmental, respectful, and disclosures religious or spiritual context supportive attitude Summarize and verify assessment Acknowledge and respond to patient's Accurately recognize emotion and feelings and plan Use PEARLS Statements (Partnership, concerns, feelings and nonverbal cues Clarify future expectations Empathy, Apology, Respect, Legitimization, Acknowledge Assure plan for unexpected frustrations/challenges/progress (waiting Support) to respond to emotion instead of outcomes and follow up time, uncertainty) redirecting or pursuing clinical detail Thank patient - appropriate II. Manage Flow parting statement Be organized and logical Manage time effectively in the interview Communicate During the Physical Exam or Procedure Negotiate and Agree on Plan Patient Education Prepare patient Use Ask-Tell-Ask approach to giving information meaningfully: a. Encourage shared decision making to the b. Consider commenting on aspects Ask about knowledge, feelings, emotions, reactions, beliefs and extent the patient desires and findings of the physical Survey problems and delineate options expectations exam or procedure as it is Tell the information clearly and concisely, in small chunks, avoid "doctor Elicit patient's understanding, concerns, and performed babble" preferences Listen for previously Ask repeatedly for patients understanding Arrive at mutually acceptable solution unexpressed data about the Use language patient can understand Check patient's willingness and ability to patient's illness or concerns Use qualitative data accurately to enhance understanding follow the plan. Use aids to enhance understanding (diagrams, models, printed material, Identify and enlist resources and supports community resources) e. Encourage questions

Figure 1. The Macy Model of tasks and skills that define best practices for the doctor-patient encounter.