

Patient-Centered Interviewing: The Living Well Interview

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Learning Goals

- Identify the four key elements of patient-centered interviewing.
- Describe four key questions which help elucidate the patient's experience of their illness.
- Identify four triggers for a Palliative Care consultation.



The Patient-Centered Interview

People are given a diagnosis....
become “patients” and then ---

- Have their self-image changed dramatically and rapidly
- Suddenly, (or so it seems) need to quickly learn “survival” skills to live with their new diagnosis!



Patient-Centered Interview

- Clinical Cases

1. Helena is a 52 y/o woman from El Salvador who has been recently diagnosed with Type 2 DM with early nephropathy and neuropathy in her feet. She has had DM for 15 years.
2. David is a 77 y/o white male with NSC Lung Cancer metastatic to his liver, lungs, and spine. He was diagnosed with these findings at the time of this admission. He thought his symptoms were due to a possible pneumonia.



Patient-Centered Interview Skills

- FIFE Approach
- Know the person with the illness
- Understand the person's experience of their illness...





Patient-Centered Interview Skills

- F: Feelings ...
 - What are you most concerned about?
 - Do you have any specific concerns or fears?
 - I would suspect that you have had a rollercoaster ride ever since you heard this new diagnosis...
 - Sometimes people have fears that they find difficult to share with their doctor, how about you?



FIFE Discussion

- I: Ideas
 - What do you think might be going on?
 - What do you think your pain (or wt loss, nausea, indigestion, etc) means?
 - What are your ideas or thoughts about what may have caused this illness?



FIFE Discussion

- F: Functioning
 - How has your illness affected your daily life?
 - What have you had to give up because of your illness?
 - How has this illness affected important people in your life?
 - Has your illness affected any particular goals you wanted to achieve before your diagnosis?



FIFE Discussion

- E: EXPECTATIONS
 - What do you expect or hope for each day
 - From yourself, from family or friends, from me?
 - Do you have any particular expectations about how your doctors can help you?
 - What do you hope that this treatment can do for you?
 - What are your expectations about what might happen with your illness?



The Explanatory Model

- Goal is to understand the person with the illness ... NOT talk about the diagnosis from the medical model viewpoint.
- Ask: Who, What, How, and Why ...
- Help me understand how you see or experience your illness...
 - Each person has their own unique experience of their illness



Explanatory Model

- How would you explain your illness to me, to a family member?
- How do you think we should approach your care? What would be important for us to include in your care plan?
- What do you consider 'mandatory' for us to include in your treatment plan?



Explanatory Model

- What do you call the problem or dx you have?
- What do you think the illness does to your body/mind/spirit?
- What do you think is the natural course of your illness?
- Why do you think this illness happened to you?
- Who do you naturally turn to for help in difficult situations?





The Living Well Interview

- REFRAMING the DISCUSSION
- Now that you have “x” diagnosis, how can we help you live well with “x”?
- The initial goal is to develop a broader understanding of the patient’s hopes, dreams and goals...
- Learn and better understand the patient’s perspective and meaning of their illness ... and then, how they would want to live the rest of their life



The Living Well Interview

- Some key questions:
 - What fears, concerns or worries do you carry within yourself?
 - What are you hoping for yourself and your family or friends?
 - Are there any special events or experiences that you are still hoping to participate in with family or friends?
 - How do your spiritual or religious beliefs guide your living well?
 - If you had to choose living longer or with a quality of life satisfying to you, which would you choose?
 - What kinds of activities or experiences would bring deeper meaning to your life?





Discuss Cases

- Clinical Cases

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Hope and Truth-Telling

- Telling the truth does not “rob” a person of hope.
- Find out what patient is hoping for ...
 - A pain free day
 - Feeling loved and supported
 - Not being abandoned
 - Attending an important family event
- Identify patient’s concerns/worries



Hope and Truth-Telling

- Have patient share their concerns in a conversational style.
- Give them realistic assurances:
 - Opportunity to share their feelings and hopes
 - Assure them they are valued and loved by family
 - Validate their relationships
 - Discuss realistic goals
 - Discuss palliative treatments for sx.
- Does this illness threaten long or short term hopes and dreams?
- May need to refocus on short-term goals.



Broaching Topic of Palliative Care

- Dispel the myth that we are called as a ‘last resort’, for dying patients, when there is “nothing left to offer.”
- Assess pain and other sx
 - Prepare a management plan
 - Assume care for those sx
 - Transfer to IP Palliative Care or Hospice
- Facilitate a family conference with patient
 - Discuss difficult treatment choices or plans
 - Discuss beneficial v.s. non-beneficial treatments
 - Discuss ACP issues
 - Discuss discharge plans for most appropriate setting that meets goals of patient



Palliative Care Consults

- Contact the P.C. consultant and share:
 - Reason for consult
 - Patient's history and hospital course (pertinent complications)
 - Family dynamics
 - Pt and family goals
- Engage the patient and family in discussion of current medical condition and goals of care.



Palliative Care Consults: What to say..

- “ To best meet the goals you’ve shared ... I’d like to have a consultant from the Palliative Care Team come and visit with you and your family...”
- “ They are experts in treating the symptoms you are experiencing ...”
- They are also expert at helping your family deal with many of the changes that have been brought on by your illness and answer some of the questions you might have..”



Palliative Care Consults ...

- Don't say --- "I'm calling Palliative Care because there is nothing further that we can do..." OR, ... "there is nothing more that I can offer."
- Also, the attending physician should ...
 - "You and I will talk about the recommendations of the Palliative Care doctors. I'll make sure that there is time in our conversation for you to have your questions answered."
- Assure patient and family that in some situations, it is compatible to have aggressive treatments and aggressive Palliative Care txs.
 - We want to achieve the best possible QOL for you by relieving suffering, controlling sx, and helping you achieve other life-style goals.



Palliative Care Consults ...

- Holy Cross Pamphlets
- Special Care for People with Advanced Illness
- Is your patient appropriate for a palliative care referral?



SUMMARY

- Discussed key elements of a patient-centered interview.
- Discussed four questions which help in exploring the patient's experience of their illness.
- Discussed triggers and reasons for a Palliative Care Consult.

Comments and Questions?

