

## **FRAMEWORK: INFORMATION GATHERING HISTORY**

### **STEP 1: Setting the Stage**

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1. Greet/welcome the patient appropriately (i.e. shake patient's hand)
2. Call patient by name
3. Introduce self and identify specific role
4. Ensure patient readiness and privacy
5. Remove barriers to communication (location of patient; physician characteristics: open body language, sits down; eye contact)
6. Ensure comfort and put patient at ease

### **STEP 2: Chief Complaint/Agenda Setting**

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1. Establish reason for visit
2. Outline agenda for visit (obtain list of all issues patient wants to discuss such as symptoms, requests.)
3. Indicate physician needs (issues physician needs to cover/follow-up on)
4. Summarize and finalize the agenda and negotiate specifics if too many agenda items

### **STEP 3: Non-focused Interviewing**

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1. Start with open-ended question(s)
2. Does not interrupt patient. Give patient time to talk without interrupting
3. Attentive listening (non-focusing, open ended questions)
4. Obtain additional information from nonverbal sources (non-verbal cues, physical characteristics, etc.)
5. Listen carefully and gives patient undivided attention (nods, "mm-hm," face patient, verbal feedback that demonstrates listening)
6. Use appropriate facial expression and tone of voice
7. Use silence appropriately
8. Relationship skills: Makes personal connection with patient during visit

### **STEP 4: Focused Interviewing**

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1. Obtain description of the symptoms (start open ended then progress to specific questions)
2. Ask a single question at a time (avoid stringing questions together)
3. Does not ask presumptive, directive or leading questions
4. Explore psychosocial/emotional factors (living situation, family relations, stress)
5. Discuss antecedent treatments
6. Elicit patient's view of health problem or progress
7. Discuss how problem affects patient's life
8. Reflect patient's feelings or concerns
9. Legitimize patient's feelings or concerns
10. Logical sequencing of questions

### **STEP 5: Transition to the doctor –centered process**

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1. Segment summary (after each part of encounter and at end)
2. Ask for clarification if necessary. Check/clarify information when needed. Check accuracy.
3. Ask patient if anything else patient would like to discuss
4. Offer partnership, support, or praise

*References: Lane JL, Gottlieb RP. Pediatrics.2000;105:973-7. Makoul GT. SEGUE. ©1993/1999. Lyles JS, Dwamena FC, Lin C, Smith RC. JCOM July 2001 Vol. 8, No. 28-34.*

## FRAMEWORK: PROCESS OF PHYSICAL EXAM

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1. Wash hands
2. Minimize patient discomfort
3. Preserve patient modesty
4. Explain to patient what physician is doing during the exam
5. Build rapport
6. Correct technique
7. Appropriate focus or content

*Lane JL, Gottlieb RP. Pediatrics.2000;105:973-7.*

## FRAMEWORK: INFORMATION TRANSFER

### Step 1: Setting the Stage

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1. Discuss patient's role in decision making
2. Good eye contact
3. Appropriate, open body language, sits down
4. Appropriate facial expression and tone of voice
5. Express caring, concern, empathy
6. Uses silence appropriately
7. Acknowledge patient's accomplishments/progress/challenges
8. Call patient by name

### Step 2: Discuss clinical issue/nature of the decision

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1. Explain diagnosis /clinical issue/nature of decision
2. Teaches patient about his/her own body/situation( feedback from exam/tests)
3. Explains management plan
4. Discuss the alternatives
5. Discuss the pros (benefits) and cons (risks) of the alternatives
6. Discuss the uncertainties associated with the decision
7. Avoids using jargon/explains medical terms used/Adapts conversation to patient's level of understanding
8. Explains reasons for recommendations/Explains rationale for diagnostic tests/procedures

### Step 3: Identify barriers/Explore patient's preferences

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1. Assess patient's understanding
2. Assess patient's willingness to follow recommendations/Explore patient preference
3. Assess patient's ability to follow recommendations
4. Solicits questions from patient/Encourages patient to ask questions
5. Uses visual and written reinforcement

### Step 4: Outline next steps

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1. Review next steps with patient
2. Arranges for follow up
3. Outlines reasons to re-contact/revisit
4. Shakes hands leaving

*References: Lane JL, Gottlieb RP. Pediatrics.2000;105:973-7. Makoul GT. SEGUE. ©1993/1999  
Braddock CH, Edwards KA, Hasenberg NM, Laidley TL, Levinson W. JAMA 1999;282:2313-2320*

## FRAMEWORK: STARTING A MEDICATION

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- Nature of the clinical problem (why patient needs to take the medication)
- What the medication is
- What the alternatives are and the risks and benefits
- What the strength of the medication is
- How many pills per day/how many times per day
- Side effects of the medication and how common they are
- What to do if develops side effects
- How physician will follow-up with the patient to see if it is working and when that is
- Elicit patient questions
- Elicit potential barriers
- Assess for patient buy-in