**Educating/Informing/Motivating: Code 1**

1. Determines patient’s
   1. understanding/knowledge/ideas of problem or its cause **(0 = No, 1 = Yes)**
   2. Any mention of expectation of outcome or what should be done **(0 = No, 1 = Yes)**

(A) The resident determines what the patient’s ideas/knowledge around the problem.

Example:

“Do you think Percocet is helping or masking your problem?”

“What’s the big picture on what is going on currently?”

(B) The resident entices the patient to discuss their expectation of the outcome or what should be done to help them

Example:

“If all goes as planned, what is your expectation long term?”

**Educating/Informing/Motivating: Code 2**

1. Informs: [ITEMS IN #2 COUNT ONLY IF PRECEDED BY ANY OF THREE ITEMS IN #1]
   1. tests are negative or non-contributory or don’t provide explanation for problem, no ominous or life-threatening conditions found; (“nothing wrong” does not count) **(0 = No, 1 = Yes)**
   2. further testing or consultation or surgery not needed **(0 = No, 1 = Yes)**

(A) The resident explains that the tests done on the patient are negative/do not contribute to the problem. The resident tells the patient there is no life-threatening condition found; however, the resident telling the patient that there is “nothing wrong” does not count here, as that would be counter productive.

(B) The resident tells the patient that there is no further testing necessary, no further consultations are necessary, OR that no surgery is needed.

**Educating/Informing/Motivating: Code 3**

1. Motivates
   1. problem is ‘real’ or ‘not in head’ or not a ‘psych case’ **(0 = No, 1 = Yes)**
   2. gives name *or* medical explanation of diagnosis **(0 = No, 1 = Yes)**

(A) The resident wants to motivate the patient into understanding that there is a real problem, just not the kind of problem that the patient expects. The resident should explain that the problem is a real problem, not something that is in the patient’s head, while also explaining that the patient is not a “psych case”.

(B) The resident names the diagnosis and/or gives a medical explanation of the diagnosis.

**Treatment Statements: Code 4**

1. Treatment statements
   1. have better treatment **(0 = No, 1 = Yes)**
   2. depression is part of problem and needs to be treated **(0 = No, 1 = Yes)**
   3. narcotics make pain worse or otherwise don’t work **(0 = No, 1 = Yes)**
   4. narcotics need to be tapered or discontinued **(0 = No, 1 = Yes)**

(A) The physician specifically says that this is the best treatment, or that this treatment is better than what the patient was doing before.

(B) The physician says that depression is part of the problem and needs to be treated. Typical treatments that might be discussed include, but are not limited, to: Zoloft, Prozac, Celexa, Cymbalta, Paxil, Effexor, Remeron, Wellbutrin, SSRI, SNRI

(C) The physician explains that narcotics can actually make the pain worse, or simply that they do not work

(D) The physician tells the patient that any narcotics currently on need to be tapered/discontinued

**Treatment Statements: Code 5**

1. Asks patient to summarize understanding **(0 = No, 1 = Yes)**

It is important that the patient understand what is going on, so the physician should ask the patient to summarize their understanding of what has been discussed and what needs to happen.

Example:

“In your own words, can you describe for me what we have just discussed?”

“Can you summarize for me what we have talked about today thus far?”

**Commitment/Goals: Code 6**

1. Seeks patient’s opinion/input/choice/commitment regarding treatment **(0 = No, 1 = Yes)**

The physician asks the patient’s opinion/input/choice/commitment regarding their treatment to help ensure that they are on board and will actively participate in the treatment plan.

**Negotiate Plan: Code 7**

1. Indicates patient needs to be an active participant and/or emphasizes capacity for change **(0 = No, 1 = Yes)**

The physician specifically tells the patient that they need to be an active participant and/or that they need to be involved in order for there to be a change.

**Negotiate Plan: Code 8**

1. Asks present narcotic dose and/or regularizes narcotic dose schedule **(0 = No, 1 = Yes)**

The physician asks the patient their current narcotic dosage (could ask about a good day vs. a bad day or ask something as specific as the number of pills they take each day) and/or regularizes their current narcotic dose schedule by either giving them a fixed schedule or making a contract with them for further narcotic usage.

**Negotiate Plan: Code 9**

9. Determines baseline physical activity/exercise **(0 = No, 1 = Yes)**

The resident determines the patient’s current baseline physical activity/exercise to start to determine what could be added into the patient’s life physically.

Example:

“What is your current exercise plan like?”

“Are you physically active?”

**Negotiate Plan: Code 10**

10. Mentions exercise program (e.g. walking, exercise, water aerobics) **(0 = No, 1 = Yes)**

The resident discusses an exercise program with the patient; this could include walking, actual exercise at the gym or in the home, or some type of formal exercise program such as water aerobics.

Example:

“I would like for you to start walking once a week”

“Have you ever thought of other types of exercise, such as water aerobics?”

**Negotiate Plan: Code 11**

11. Indicates importance of social life and/or mentions program of social activity **(0 = No, 1 = Yes)**

The resident discusses with the patient how important their social life is to their wellbeing, and/or mentions to the patient a program of social activity to get the patient involved in something social.

Example:

“It is really important that you get out socially, what do you like to do with your friends?”

**Negotiate Plan: Code 12**

12. Mentions other aspect of treatment plan (e.g. meditation, relaxation, spouse, counseling, physical therapy, Osteopathic Manipulative Treatment (OMT)) **(0 = No, 1 = Yes)**

The resident discusses other aspects of the patient’s treatment plan.

Examples include:

Meditation

Relaxation

Spouse

Counseling

Physical Therapy

Osteopathic Manipulative Treatment (OMT)

**Negotiate Plan: Code 13**

1. Does not advice inappropriate medications, or consultations (other than physical therapy or OMT) **(0 = No, 1 = Yes)**

The resident does not advise any inappropriate medications with the patient or discuss any other form of consultation (except physical therapy or OMT).

**Negotiate Plan: Code 14**

1. Arranges explicit contact (within 1-3 weeks) **(0 = No, 1 = Yes)**

The resident discusses their next meeting time, explicitly. The next meeting time must be sometime within the next 1-3 weeks for this resident to be coded positively here.

Example:

“I would like to follow-up with you in two weeks to see how this is going for you”

**Negotiate Plan: Code 15**

1. Summarize treatment plan (patient or doctor) **(0 = No, 1 = Yes)**

Either the physician summarizes the treatment plan, or they ask the patient to summarize what was discussed and decided upon.

Example:

“Can you tell me what we have decided upon today for your treatment?”

**Negotiate Plan: Code 16**

1. Sets agenda in first 5 minutes, such as asking if “anything else” or “other concerns”

At the beginning of the interview, the resident needs to obtain a list of the issues the patient wants to discuss to ensure that the most important concerns are addressed during the encounter and to minimize the chance of an important concern being raised at the end of the conversation when time has run out. Possible patient agenda items include, but are not limited to symptoms, requests (e.g. prescription for a sleeping pill), expectations (e.g. get sick leave), and understanding about the purpose of the interaction (e.g. perform an exercise stress test)

This category only receives a “yes” when the resident inquires about a second problem and has asked, at least once, what else the patient wants to cover after having obtained the first agenda item. The resident thus helps the patient enumerate all of the problems. The resident may use their fingers to indicate that a list is being made (i.e. as the patient lists their problems, the resident may hold up a new finger for each concern the patient wants to talk about). Also, it should be noted here that the resident may need to, and in some instances SHOULD, interrupt the patient in order to get all of the information needed. Interruption is part of a patient-centered interview, but should be done in a respectful manner (see last example below).

**Examples**:

“Let’s start by making a list of all of the things you want to discuss.”

“Can you tell me what you would like to cover today?”

THEN:

“What else?”

“Is there anything else you want to discuss today?”

“Are there any other issues you want on our agenda this afternoon?”

“Sorry to interrupt, that is important and we will get back to your leg pain in a minute, but first I need to know if there is a second problem you would like to discuss. I want to be certain that we get a list of all of your concerns.”

**Negotiate Plan: Code 17**

17. Uses indirect skills:

a. “Impact on personal dimension of self” statement (0=No, 1=Yes)

b. “Impact on others” statement (0=No, 1=Yes)

c. “Self-disclosure” statement of resident about medical or other issue they have had (0=No, 1=Yes)

1. **The resident uses IMPACT ON PERSONAL DIMENSION OF SELF statement**

**(0=No, 1=Yes)**

The resident uses the indirect inquiry type “inquiring about impact” as it pertains to the self.

*Inquiring about impact*: Inquiring about how the illness or other situation in question has affected the life of the patient uncovers important information and increases emotional expression.

Examples:

“How is all of this affecting your life?”

1. **The resident uses IMPACT ON OTHERS statement**

**(0=No, 1=Yes)**

The resident uses the indirect inquiry type “inquiring about impact” as it pertains to another person.

*Inquiring about impact*: Inquiring about how the illness or other situation in question has affected the life of the patient’s family or friends uncovers important information and increases emotional expression.

Examples:

“How will all of this affect your husband”

1. **The resident uses SELF-DISCLOSURE statement**

**(0=No, 1=Yes)**

The resident specifically uses a self-disclosure statement in the interview at some point.

*Demonstrating understanding through self-disclosure*: Sharing how the resident or others might feel in similar circumstances can help the patient identify her or his own emotions and feelings. The resident avoids strong affective terms like “angry” or “depressed” because the patient may not feel comfortable endorsing them; instead, resident uses neutral words like “upset” or “frustrated.”

Examples:

“I watched my brother struggle through some pretty tough emotional pain, so I do know how hard this can be!”

**Patient-centered Skills (at start, middle, end): Code 18**

18. Asks about an emotion/concern/mood/stress (any element of inquiry) **(no = 0, yes = 1)**

The resident asks the patient about their emotion.

Examples:

“What is concerning you at the moment?”

“Tell me about your mood”

“You mentioned that you are stressed, tell me more?”

“What are you feeling regarding this?”

“Are there any emotions that go along with what you are speaking about today?”

Other examples:

“What is making you feel down?”

“It sounds like stress to me?”

“I can see the frustration in your face, want to talk about that?”

“You look concerned…”

“What about the mood aspect?”

“How are you dealing with this?”

“How are you coping?”

NOTE: this is NOT what the RESIDENT thinks…this is about what the patient feels.

19. Asks about an emotion/concern/mood/stress – any element of inquiry (second time)

**(no = 0, 1 = yes)**

The resident asks the patient, for a second time, about their emotion.

Examples:

“What is concerning you at the moment?”

“Tell me about your mood”

“You mentioned that you are stressed, tell me more?”

“What are you feeling regarding this?”

“Are there any emotions that go along with what you are speaking about today?”

20. NURS:

1. **The resident NAMES an emotional reaction (0=No, 1=Yes)**

The resident is using “naming” as a “wrap up” statement, where they are responding to the emotion. This differs from “echoing” in that the echo is more of a question, enticing the patient to go on. Naming is used to respond to the emotion, and the resident is typically not looking for more information. In other words, the doctor DOES NOT insert an emotion, the patient must bring it up. Also, naming is usually used with other components of NURS.

Example: “So, you are frustrated.”

1. **The resident expresses an UNDERSTANDING of an emotion (0=No, 1=Yes)**

*Understanding (also called legitimating):* An “understanding” statement is one that acknowledges that the patient’s emotional reaction is reasonable. It legitimizes, accepts, and validates the patient’s expressed emotion. It is not necessary to have sufficient experience with the particular issue to be able to understand it.

Example: “I understand how frustrating the process can be”

1. **The resident ACKNOWLEDGES THE PLIGHT or difficulty regarding an emotional issue of any type** **(0=No, 1=Yes)**

The resident RESPECTS the patient by specifically acknowledging the patient’s plight at some point in the interview. The resident, here, acknowledges how difficult things have been for the patient, or may indicate future difficulties that the patient may face as a result of treatment/illness.

Example: “You have been through a lot in this process!” “It really is hard”

1. **The resident PRAISES anything regarding their response to emotion (0=No, 1=Yes)**

The resident RESPECTS the patient specifically by using a praising statement, which is a statement that praises the patient’s efforts. The resident is complimenting the patient for their efforts.

Example: “I like the way you keep fighting through the tough times!” “I can’t tell you how impressed I am that you’re working so hard at beating this”

1. **The resident EXPRESSES PERSONAL SUPPORT in response to emotion**  **(0=No, 1=Yes)**

The resident gives support to the patient in the interview, either directly or indirectly

Supporting statements signal to the patient that the resident is prepared to work together with her or him as a team (i.e. form a partnership with her or him) and help in whatever way the resident can.

The resident may not be the person who will work directly with the patient at all times, so the resident may need to indicate that the patient has support coming from elsewhere.

Example: “Together, you and I can work together to get you through this”

**f. The resident notes OTHERS’ support in response to emotion (0 = no, 1 = yes)**

The residents expresses to the patient that they have other people (spouse, friends, parents) that will support them throughout this process.

Example: “Your wife indicated that she is prepared to help you through this, you have her support!”