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

1. Determines patient’s understanding of harm/consequences/importance of quitting – only IF YES, a items can also counted at any later time (#1 is counted if asked whether any of item a are mentioned, which are in addition but only if #1 precedes).

* 1. FIRST TIME: Informs about adverse potential for asthma, adverse potential for lung disease (COPD, emphysema, pneumonia, flu), adverse potential for cardiovascular disease (heart attacks, strokes, gangrene, amputation, high blood pressure heart failure), or informs about cancer (malignancy, abnormal growth) any location, informs about premature death, premature disability, or other adverse health potential, including to others, informs about non-medical consequences (smell, ostracism, cost, dependence, other) **(0=No, 1=Yes)**
  2. SECOND TIME: Informs about adverse potential for asthma, adverse potential for lung disease (COPD, emphysema, pneumonia, flu), adverse potential for cardiovascular disease (heart attacks, strokes, gangrene, amputation, high blood pressure heart failure), or informs about cancer (malignancy, abnormal growth) any location, informs about premature death, premature disability, or other adverse health potential, including to others, informs about non-medical consequences (smell, ostracism, cost, dependence, other) **(0=No, 1=Yes)**

The basic intent here is that residents first establish the patient’s **understanding** of what the risks are.

“I wanted to talk about your smoking, what’s your understanding of why I might?”

“You’ve smoked for a long time, do you know the consequences?”

The resident then – and *then* **informs** to correct incomplete understanding or misunderstanding

\*The understanding needs to come within the first five minutes. If it comes at the end, then it does not count.

\*Quit and stop are the same thing!

Many residents will not establish understanding and begin explaining the risks, in which case NO is entered for a-f as well (as for #1) even if they are mentioned.

Adverse potential means causing or aggravating the listed condition.

Even if the patient indicated knowledge of some item, it is scored YES if the resident mentions it later

Residents may make comments in a positive direction for the above that are scored YES

“Quitting will add 10 years to your life on average” – YES on d

“Even better than the effect on giving you a *longer life* is that you don’t get a *stroke* or something and live with great *disability* or sit around *breathing oxygen* all day long in a nursing home” -- YES on a, b, d, and e.

If not already scored and mention occurs elsewhere, they also are scored as long as they earlier were asked their understanding.

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

2. Motivates: Motivates by discussing capacity for change or past failures do not bode poorly **(0=No, 1=Yes)**

1. Capacity for change

**Example:** “You’ve been able to stop before, you sure have the ability to do this.” “Anyone who can quit drinking (alcohol, coffee), has the same ability to do this.”

1. Past failures do not bode poorly

**Example:** “Here’s the good news, people who have failed before have a greater chance of stopping for good.” “No one has ever quit in my experience who has not previously failed several times.”

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

3. Asks: The resident asks about other addicting behaviors or depression or other mental health problems **(0=No, 1=Yes)**

* 1. about other addicting

**Example:** “Have you had any problems in the past with other addictions such as alcohol or street drugs”

* 1. about depression or other mental health problems

**Example:** “Sometimes depression (anxiety; any MH problem) occurs in people who smoke, has this been a problem”

Later mention of depression or other mental health problems in conjunction with treatment also counts here if not already scored YES

**Commitment: Code 4**

4. The resident determines the patient’s readiness and/or commitment to stop smoking **(0=No, 1=Yes)**

In order to obtain a commitment from the patient, it is important that they be ready for change. To someone who appears to be on the fence about changing, the resident might begin to obtain commitment in the following ways:

**Examples:**

“What is your interest in quitting?”

“On a scale of 1-10, where 1 is not at all and 10 is total commitment, where would you put yourself? What would it take to help you get closer to 10?”

“It seems like you are quite ready to quit smoking, am I hearing you correctly?”

As in other areas, these statements may not occur in this order but are scored if they meet criteria

**Commitment: Code 5**

5. The resident has the patient summarize their decision to quit smoking (0=No, 1=Yes)

**Example:** “So, could you summarize for me what your plans are”

Item #4 differs from #5 in asking for a repeat of the commitment, Both items may be scored or just one, depending on meeting the criteria. To score both means the resident will have sought a commitment and then asked the patient to repeat it.

**Goals: Code 6**

6. The resident obtains long-term goals from patient **(0=No, 1=Yes)**

A key component of effective behavior change is goal setting. Many chronic diseases like diabetes, cardiovascular disease, and medically unexplained symptoms (MUS) are not curable; patients who suffer with them need to establish realistic long-term goals to keep functioning or improve functioning after setbacks. Healthy people may want to prevent disease and maintain their wellbeing. Dialogue about goal setting is helpful.

**Examples:**

“What would you like to see different in, say, a year from now?”

“You mentioned your 10 year old, how does that play into goals for your future”

**Negotiate Plan: Code 7**

7. The resident asks choice of treatment at some point, or gives patient option to think about treatment option (0=No, 1=Yes)

After goals have been set and commitment is made, the resident needs to negotiate a specific plan with the patient and understand the details of the behavior to be changed so that an effective plan can be agreed upon.

To be most effective in developing a plan, the resident involves the patient actively in identifying problem areas and the solutions.

**Examples:**

“So, what would be a good quit date, some like it when they’re working and others on a weekend”

“What do you think about drinking beer with your buddies who smoke”

“What sounds best, a group working on quitting or medications or both”

“I’m here to help, would you like to come in for frequent follow-ups while you’re quitting or do you want to do this alone”

**Negotiate Plan: Code 8**

8. The resident tells the patient they need a quit date; the resident applies a time to quitting or tapering **(0=No, 1=Yes)**

**Example:**

“We’ve talked about stopping, but it’s important now to set an actual time”

“What are your thoughts about getting started on quitting”

**Negotiate Plan: Code 9**

9. The resident determines specific behaviors of smoking habit at present time and suggests changes in specific smoking behaviors **(0=No, 1=Yes)**

**Example:**

“It’s important to review exactly when you smoke, so we can work to change some of these circumstances”

“What’s your pattern of smoking in an average day”

Quitting entails breaking many daily smoking habits, so it is essential to find about the patient’s exact pattern because changes will need to be made

**Example:**

“Why not do your jogging when you get up rather than having breakfast and a couple cigarettes”

“It sounds like you’d be best not to drink beer with your buddies for a while because that’s when you smoke a lot”

“What about drinking herbal tea and/or getting up and walking for half an hour instead of going to coffee break where you smoke”

**Negotiate Plan: Code 10**

10. The resident mentions medications: buproprion (Wellbutrin); Nicotine Replacement (gum; patch); varenicline (Chantix); other (0=No, 1=Yes)

**Example:**

“There are several medications, what about the patch”

“Because you’ve had depression in the past, buproprion may be best”

**Negotiate Plan: Code 11**

11. The resident mentions group work, exercise program, relaxation program, or other types of treatment (such as psychotherapy) (0=No, 1=Yes)

**Example (group work):**

“I’ve seen many people really benefit from smoking cessation groups, what do you think”

“Some people like to quit on their own, others like groups, where are you”

**Example (exercise program):**

“For quitting, it really helps to add some other healthy activities, like jogging, what do you think”

“What sorts of exercise have you liked in the past that we might resume, didn’t you mention tennis to me”

**Example (relaxation program):**

“Programs instructing you in relaxation have been very helpful and you can combine them with exercise”

“Have you ever thought about yoga”

**Example (other type of treatment):**

“We could also try some type of psychotherapy if this does not work”

“You mentioned that your friend quit last year, maybe you could spend more time with that friend to get help/advice and be around a positive influence”

**Negotiate A Specific Plan: Code 12**

12. The resident mentions a follow-up visit. (0=No, 1=Yes)

**Example:**

“I’d like to see you in a couple weeks to get followed up”

“Lets’ schedule you for the Tuesday after you quit”

**Negotiate A Specific Plan: Code 13**

13. The resident summarizes the treatment plan (or the patient summarizes at residents request) (0=No, 1=Yes)

**Example:**

“Now that’s a lot we’ve talked about, can you summarize so I’m sure we’re on the same page”

“To be sure I’ve got this, let me summarize so you can let me know if I’m wrong”

**Patient-Centered Skills: Code 14**

14. The resident sets the agenda in the first five minutes of the interview, including asking if there is “anything else” (0=No, 1=Yes)

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.”

**Patient-Centered Skills: Code 15**

15. The resident starts open-endedly on items raised. (0=No, 1=Yes)

The resident starts the interview open-endedly at the beginning on item(s) raised by patient. The resident will choose the chief concern that the patient brought up in their agenda, and focuses on that item to start the interview. The resident could do this asking one open-ended question, or by making one open-ended request, and then allowing the patient to talk. It establishes an easy flow of talk from the patient, conveys that the clinician is attentively listening, and gives a feeling for “what the patient is like.”

Examples:

“So headaches are the big problem, tell me more”

“Tell me all about the headache, starting at the beginning and bringing me up to now”

**Patient-Centered Skills: Code 16**

16. Uses open-ended skills to elicit personal issues around smoking or other issues (non-smoking issues)

* 1. **The resident uses ECHOING to elicit the patient’s personal reaction to stopping**

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

The resident uses this focusing, open-ended skill to elicit the patient’s reaction to stopping. Reflection (echoing) signals that the interviewer has heard what the patient said by repeating a word or phrase that was just said. It encourages the patient to proceed and focuses the patient on the word or phrase echoed.

Examples:

Patient: “I have thought about quitting for years, but it would be so hard”

Resident: “Hard?”

Patient: “I am so nervous about quitting smoking”

Resident: “Nervous?”

* 1. **The resident uses REQUESTS to elicit the patient’s personal reaction to stopping**

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

Open-ended requests can be general, for example “Tell me more” or “Go on,” or they can focus the patient in an already mentioned area that the interviewer wants to expand upon, such as, “Tell me more about the daughter you mentioned.”

Examples:

Patient: “I have thought about quitting smoking for years, but, I don’t know, I just can’t do it”

Resident: “Tell me more”

Patient: “If I quit smoking, I feel like I will lose part of my identity”

Resident: “Go on”

* 1. **The resident uses SUMMARIZING to elicit the patient’s personal reaction to stopping**

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

Instead of echoing only a word or phrase, the interviewer echoes a wider range of talk by summarizing it. This invites the patient to focus on the material summarized and express deeper levels of her or his story. It signals that she or he has been heard and that she or he should proceed beyond that point.

Examples:

“So, you have had a hard time quitting smoking and you are losing touch with your friends?”

“You tried to quit three times, and you are on your fourth, and this time you really want to succeed?”

**Patient-Centered Skills: Code 17**

17. Uses open-ended skills to elicit personal issues around smoking or other issues (non-smoking issues)

1. **The resident uses ECHOING to elicit other personal reactions**

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

The resident uses this focusing, open-ended skill to elicit the patient’s other personal reactions. Reflection (echoing) signals that the interviewer has heard what the patient said by repeating a word or phrase that was just said. It encourages the patient to proceed and focuses the patient on the word or phrase echoed.

Examples:

Patient: “I’m just afraid I will lose my friends”

Resident: “Lose friends?”

Patient: “I am so nervous my husband will not be on board”

Resident: “Husband?”

1. **The resident uses REQUESTS to elicit other personal reactions**

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

Open-ended requests can be general, for example “Tell me more” or “Go on,” or they can focus the patient in an already mentioned area that the interviewer wants to expand upon, such as, “Tell me more about the daughter you mentioned.”

Examples:

Patient: “My grandfather died of lung cancer”

Resident: “Tell me more”

Patient: “My friend quit and she seems to be doing okay”

Resident: “Go on”

1. **The resident uses SUMMARIZING to elicit the patient’s personal reaction to stopping**

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

Instead of echoing only a word or phrase, the interviewer echoes a wider range of talk by summarizing it. This invites the patient to focus on the material summarized and express deeper levels of her or his story. It signals that she or he has been heard and that she or he should proceed beyond that point.

Examples:

“So, you are afraid that this will cause a rift in your marriage because your husband still smokes a pack a day?

**Patient-Centered Skills: Code 18**

18. The resident uses indirect skills toward patient’s reaction to smoking OR to something else personal.

1. **The resident uses IMPACT ON 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 your quitting smoking affect your husband”

1. **The resident uses BELIEFS/ATTRIBUTIONS statement**

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

The resident uses a specific beliefs/attribution statement in the interview.

*Eliciting beliefs/attributions*: Asking what the patient thinks caused the problem is not only

helpful for understanding the patient’s medical explanatory model, but it may also uncover an

underlying feeling or emotion, particularly if the patient believes that a serious condition may be

causing the symptom.

Examples:

“What do you think has hindered your ability to quit in the past?”

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 quit smoking, so I know how much determination it takes, but I know you can do it!”

**Patient-Centered Skills: Code 19**

19. The resident asks about an emotion/concern/mood (0 = no, 1 = yes)

At some point in the interview, the resident asks about the patient’s emotions, concerns, or mood.

Example: “How does this make you feel when you’ve failed in the past?”

**Patient-Centered Skills: Code 20**

20. NURS, whether related to smoking or not

1. **The resident NAMES an emotion (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 difficulty or 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 related to the emotional problem** **or difficulty with treatment** **(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” “I’m so sorry to hear that”

1. **The resident PRAISES interest in smoking cessation problem or 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 going to quit”

1. **The resident discusses her/his support** **(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”

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

“I’d tell everyone at work you’re quitting because they don’t smoke”

1. **The resident discusses others support** **(0=No, 1=Yes)**

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: “Your wife indicated that she is prepared to help you through this!” OR “That sounds like the church is helpful in getting through that at work”

**Patient-Centered Skills: Code 21**

21. NURS, whether related to smoking or not

1. **The resident NAMES an emotion (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 difficulty or 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 related to the emotional problem** **or difficulty with treatment** **(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” “I’m so sorry to hear that”

1. **The resident PRAISES interest in smoking cessation problem or 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 going to quit”

1. **The resident discusses her/his support** **(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.

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

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

“I’d tell everyone at work you’re quitting because they don’t smoke”

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