CODIERS

THE PATIENT-CENTERED INTERVIEWING technique was introduced during Longitudinal Group. The patient centered interview takes into account the biopsychosocial model of care, which ensures all the patient's needs, perceptions and concerns are heard. This model focuses not only on the patient's symptoms, but also their "illness experience" which includes psychological and social elements of the disease. In this style of interview it is important to explore how the disease influences the patient's psychological state and ability to fulfill their social/societal commitments and how their psychological state and social/societal obligations influence their disease.

Use of patient-centered interviewing techniques exclusively may not allow the physician to obtain all the medical information necessary to make a diagnosis and develop a treatment plan. Therefore, physicians usually need to ask some disease-focused questions to supplement the information obtained during the interview. This is sometimes referred to as "doctor-centered interviewing," but we will refer to it as "disease specific questioning". Disease specific interviewing is an appropriate supplement to the "patient centered" technique when it is necessary to fill in information gaps. Use of the CODIER mnemonic can help to efficiently accomplish the disease specific portion of the interview. The reason we choose to speak of "disease specific" rather than doctor centered is that our interview will always remain patient centered. Just because we change the type and style of questions, our goal remains the same- help the patient with their current concerns.

In general, open-ended questions should predominate during the patient centered portions of the interview, while closed-ended questions often predominate during the disease specific portion. It is important to keep in mind that a skilled patient interviewer will weave the patient-centered and disease-centered portions of the interview together, switching back and forth between patient-centered, open ended questions and closed-ended questions depending on the flow of the interview.

As mentioned above, a useful mnemonic for ensuring that all important medical information is obtained is CODIER. CODIER represents a series of inquiries designed to provide you with more knowledge about the chief complaint. The letters stand for:

Chronology: The sequence of events leading up to the problem and how the symptoms have evolved since the problem started. Applicable questions often include things like "What happened next?" or "And then what happened?"

Onset: When the problem began.

Description/Details: What it's like; if it's constant or if it comes and goes; if it comes and goes how long does it last; does it localize to certain parts or areas of the body, etc. The appropriate questions are completely dependent on what the presenting complaint is.

Intensity: How severe it is. Often useful to ask the patient to rate the symptom on a scale of 1-10, for example: "With one being an extremely minor, barely noticeable pain and 10 being the most excruciating pain imaginable, how would you rank this pain?" However, if the patient answers

that it is a “10 out of 10”, it may be appropriate to point out that they should be writhing around, unable to talk!

Exacerbation: Things that make it worse or bring it on. Often useful to start with a general question, such as “Does anything seem to bring it on or make it worse?” and if they answer “no”, to ask about specific things that are pertinent. For example, for a cough: “Is it worse when you’re lying down? Is it worse at night? Does exercise make it worse?” If there are no factors that make it worse, then you should document specifically what things you asked about, rather than simply documenting “Nothing makes it worse”, as in reality it is impossible to ask about everything that could possibly make it worse. For example, for a cough: “No worse on lying down, no worse at night, no worse in cold air or exercise, no other exacerbating factors noted by patient.”

Remission: Things that make it better or make it go away. This component should be approached in a similar fashion as the exacerbation section. Start with a general question, such as “Does anything make it better?” and then ask specific things that are pertinent, for example, for nausea: “Does eating make it better? Does drinking make it better?” Again, when documenting in the chart, it is best to document specifically what you asked about, rather than just writing a general statement such as “Nothing makes it better”.

Integrating Patient-Centered and Disease-Specific Questions

As previously discussed, a skilled interviewed will weave patient centered and disease centered approaches throughout the interview. Remember that it is best to start with patient-centered open ended questions at the beginning of the interview and then move to the more closed ended disease - centered questions that usually are part of CODIER. It is important to remember that the interview should flow in a conversational manner. Students should not simply proceed down the CODIER mnemonic like a “checklist.”

Fine Tuning the Interview: QUESTIONING AND PROBING TO FOLLOW UP ON ANSWERS

While asking the CODIER questions, you may often elicit answers from patients that are clues to underlying issues. This is an important opportunity to use the probing and questioning skills that were introduced during the basic interviewing session. To review, there are three main probing techniques:

1. Statements - a summary of content phrased in such a way as to pose an issue. Example: "Last week you told me that your headaches occur only after arguments with your husband, but you indicate that these headaches are occurring almost daily."

2. Request for clarification (RFC) - a statement that indicates the health professional does not understand information reported by the patient and is accompanied by a request for clarification of the information. Example: "I'm confused about what causes your headaches. Would you please go over that again?"

Another key way to use a request for clarification to follow-up on a clue is to use question phrases such as “Why do you think….?” or “What do you mean….” For example:

Patient: I just thought I ought to get these headaches checked out.

RFC: Why did you think you should get them checked out?

3. The accent - restatement of a few key words with upward inflection.

Ex. Patient: I'm kind of worried about whether these headaches mean something else.

Accent 1: Something else?

Accent 2: Kind of worried?

RFC: Why are you worried?