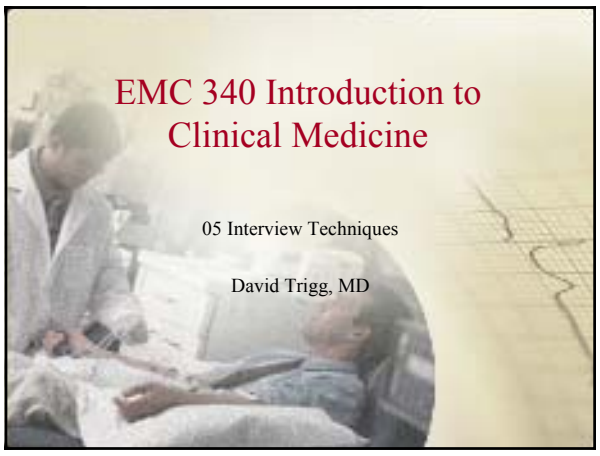
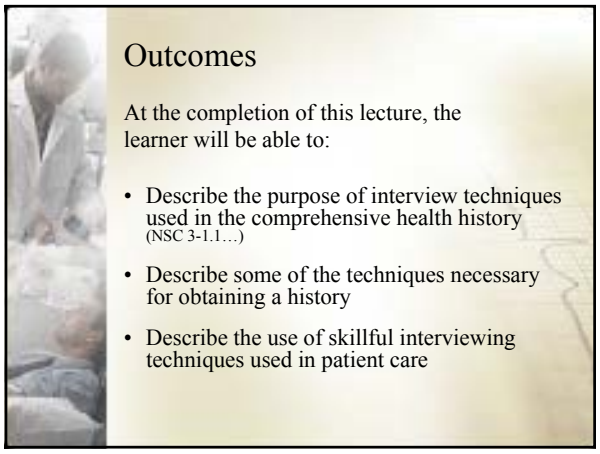


EMC 340 Introduction to Clinical Medicine

05 Interview Techniques

David Trigg, MD



Outcomes

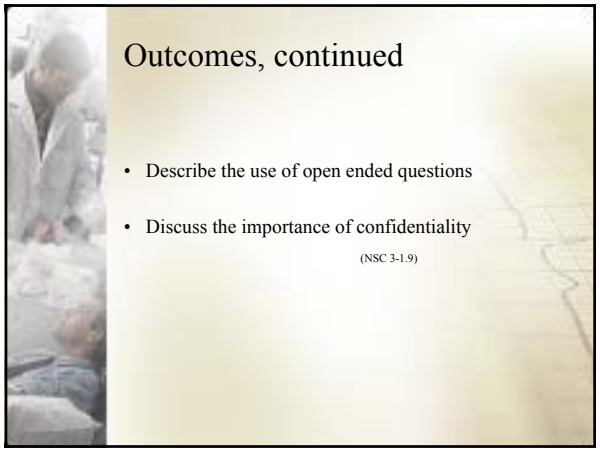
At the completion of this lecture, the learner will be able to:

- Describe the purpose of interview techniques used in the comprehensive health history (NSC 3-1.1…)
- Describe some of the techniques necessary for obtaining a history
- Describe the use of skillful interviewing techniques used in patient care

Outcomes, continued

- Define, discuss, and recognize the importance of:
  - nonverbal communication
  - facilitation
  - reflection
  - clarification
  - empathetic response
  - confrontation
  - interpretation
  - Transition

(NSC 3-1.1 - 1.4)



Outcomes, continued

- Describe the use of open ended questions
- Discuss the importance of confidentiality

(NSC 3-1.9)

Structure of the Medical History

- Patient's agenda
- Clinician's agenda
- Staging of data collection
- Staging of interview
- Beginning of the therapeutic process

Structure of Interview

Patients expect:

- Evaluation, and if possible a diagnosis
- Stabilization and relief of symptoms
- Treatment plan
- Empathy and respect
- Competence
- Confidentiality

Clinician's Agenda

- Keep multiple agendas in mind
- Professionalism
  - maintain professional attitude
  - maintain confidentiality
- Stage the interview
- Collect data
- Generate hypothesis and plan
- Establish rapport
- Begin the therapeutic process

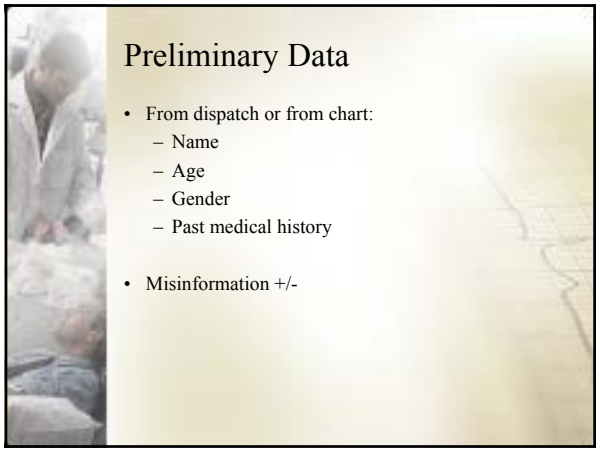
Staging of Interview

- Collect preliminary data
- Greet the patient; begin to establish patient rapport
- Invite the patient to tell her or his story
- Establish agendas for interview
- Evaluate / stabilize; generate and test hypothesis
- Negotiate shared plan
- Arrange follow-through
- Close the interview

Staging Of Interview

Preliminary data

Observation upon approaching the patient



Preliminary Data

- From dispatch or from chart:
  - Name
  - Age
  - Gender
  - Past medical history
- Misinformation +/-

Preliminary Data, continued

- From first responders
  - Chief complaint
  - List of Medications
  - P M H
  - Initial vital signs
- Misinformation +/-

First Impression

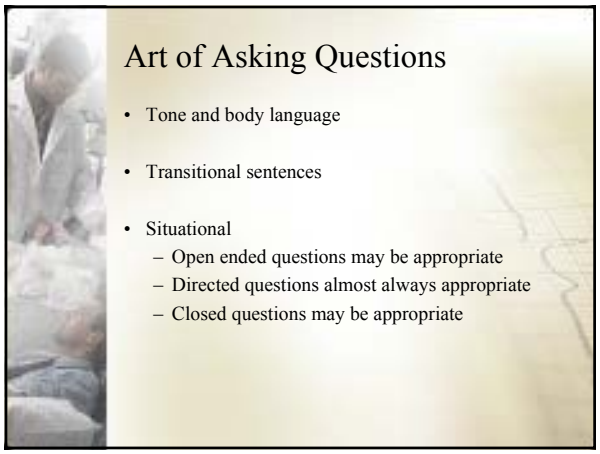
- Based largely on appearance and demeanor
- Professional
- Caring and supportive
- Confident
- Attentive and concerned

Establishing Rapport

- Tone and nonverbal behavior
- Voice (calm, caring)
- Position (at eye level with patient)
- Contact (handshake, touch)

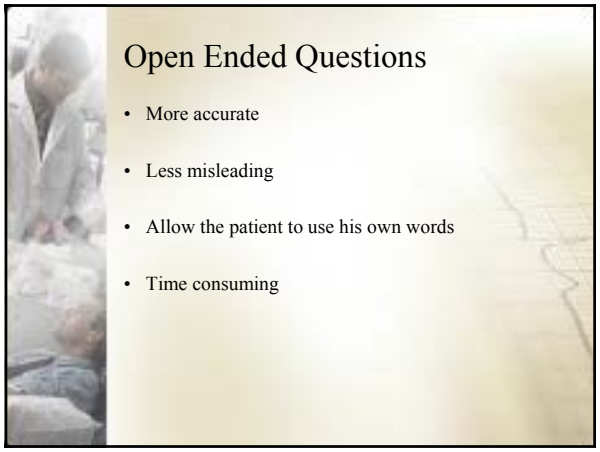
Guidelines For Language

- Formal address (usually safe)
- Use appropriate volume
- Respect the patient's privacy
- Avoid:
  - Slang or cute terms
  - Medicalese "Do you have CAD?"
  - Multiple, bundled questions
  - Multiple questioners



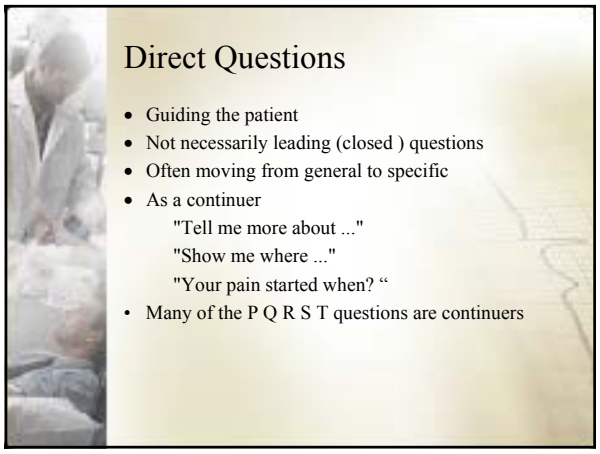
Art of Asking Questions

- Tone and body language
- Transitional sentences
- Situational
  - Open ended questions may be appropriate
  - Directed questions almost always appropriate
  - Closed questions may be appropriate



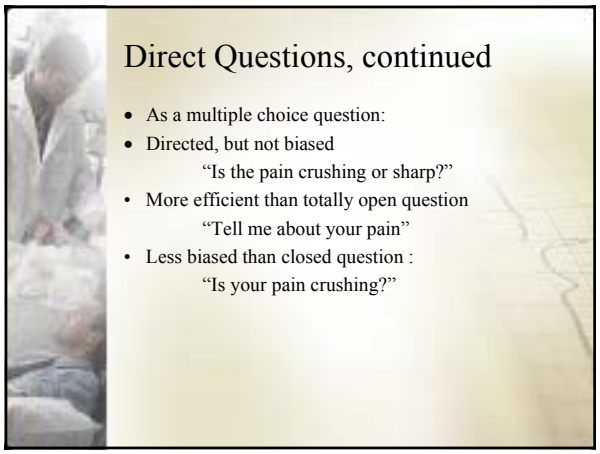
Open Ended Questions

- More accurate
- Less misleading
- Allow the patient to use his own words
- Time consuming



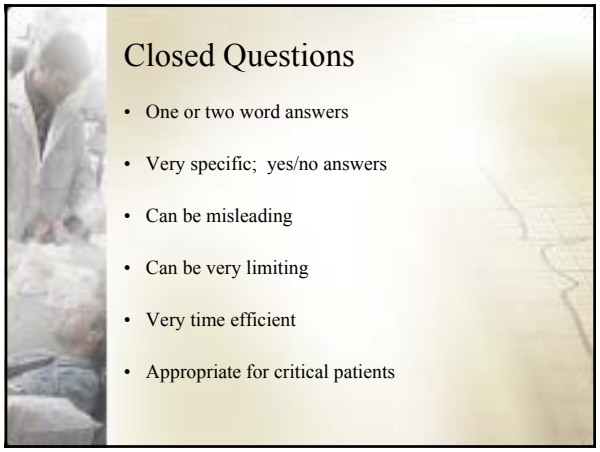
Direct Questions

- Guiding the patient
- Not necessarily leading (closed) questions
- Often moving from general to specific
- As a continuer
  - "Tell me more about ..."
  - "Show me where ..."
  - "Your pain started when? “
- Many of the P Q R S T questions are continuers



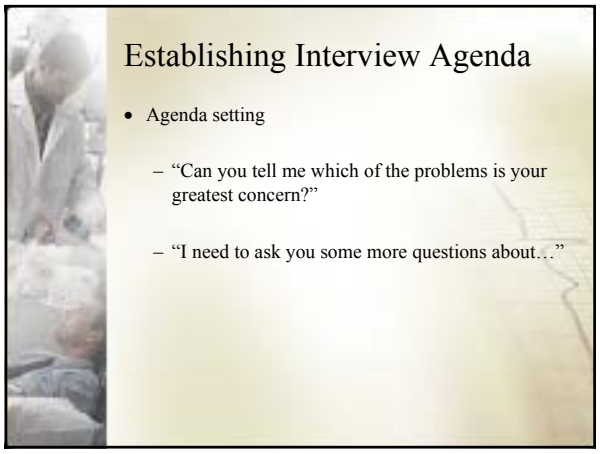
Direct Questions, continued

- As a multiple choice question:
- Directed, but not biased
  - “Is the pain crushing or sharp?”
- More efficient than totally open question
  - “Tell me about your pain”
- Less biased than closed question :
  - “Is your pain crushing?”



Closed Questions

- One or two word answers
- Very specific; yes/no answers
- Can be misleading
- Can be very limiting
- Very time efficient
- Appropriate for critical patients



Establishing Interview Agenda

- Agenda setting
  - "Can you tell me which of the problems is your greatest concern?"
  - "I need to ask you some more questions about…"

Interview Agenda, continued

Directional conversation:

- From open ended question
  ↓
- To direct question
  ↓
- To closed question
  ↓
- Back to open ended question

Interviewing Skills

- Nonverbal communication
  - Read your patient's nonverbal behavior
  - Send your own nonverbal messages
- Distance from patient
- Head position / eye contract
- Posture / Arm placement

Interviewing Skills, cont.

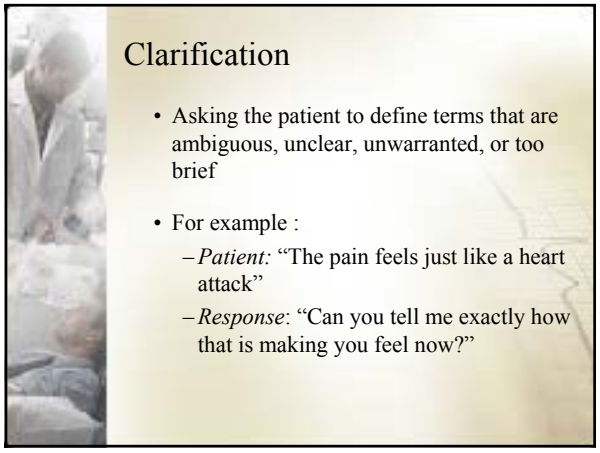
- Speech (yours and the patient's)
  - Tone
  - Pace
  - Volume
- Effective listening

Effective Listening

- Sometimes called active listening
  - Facilitation
  - Clarification
  - Reflection
  - Summarization
  - Validation
  - Empathy
  - Reassurance
  - Interpretation
  - Confrontation

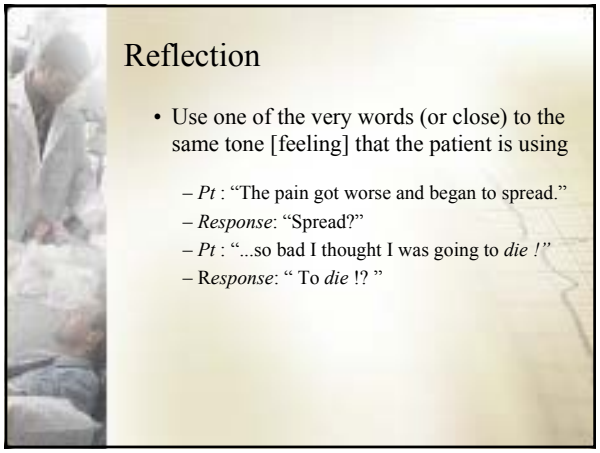
Facilitation

- Speech or body language that encourages the patient to talk more
  - e.g., “Go on”;
  - or continuing statements discussed above:
    - "Tell me more about to your ..."



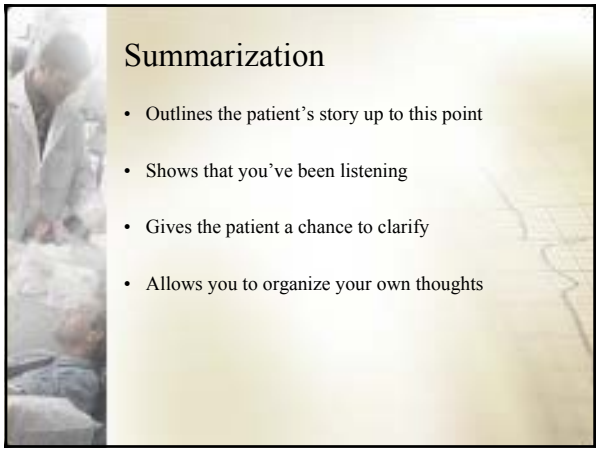
Clarification

- Asking the patient to define terms that are ambiguous, unclear, unwarranted, or too brief
- For example :
  - *Patient:* “The pain feels just like a heart attack”
  - *Response*: “Can you tell me exactly how that is making you feel now?”



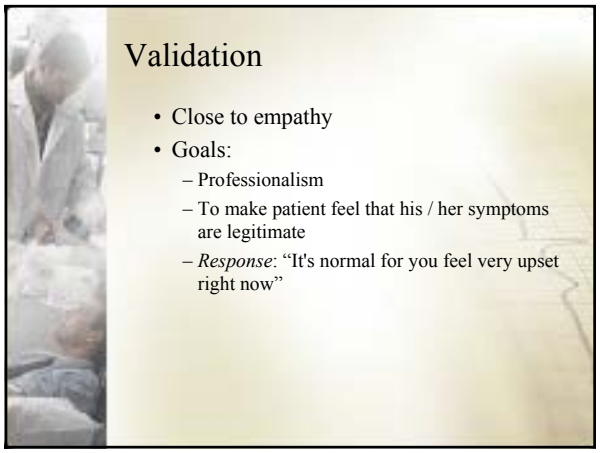
Reflection

- Use one of the very words (or close) to the same tone [feeling] that the patient is using
  - *Pt* : “The pain got worse and began to spread.”
  - *Response*: “Spread?”
  - *Pt* : “...so bad I thought I was going to *die !”*
  - R*esponse*: “ To *die* !? ”



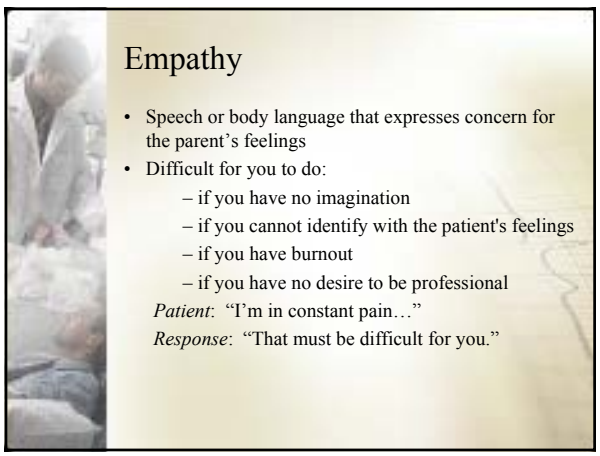
Summarization

- Outlines the patient's story up to this point
- Shows that you've been listening
- Gives the patient a chance to clarify
- Allows you to organize your own thoughts



Validation

- Close to empathy
- Goals:
  - Professionalism
  - To make patient feel that his / her symptoms are legitimate
  - *Response*: "It's normal for you feel very upset right now"



Empathy

- Speech or body language that expresses concern for the parent's feelings
- Difficult for you to do:
  - if you have no imagination
  - if you cannot identify with the patient's feelings
  - if you have burnout
  - if you have no desire to be professional

Patient: "I'm in constant pain…"

Response: "That must be difficult for you."

Reassurance

- First step: identify and accept patient's feelings
- Avoid nonprofessional expressions: "Don't worry…"
- Avoid premature reassurance
  - *Patient*: "Is my baby going to be OK?"
  - *Response*: "We're doing everything we can right now ."

Transition

- Explanation to patient of the necessary steps that will follow:
  - Can reduce anxiety
  - Can be reassuring
  - Gives patient some sense of control by knowing what to expect
  - "While we talk, I'll be placing this oxygen on you and starting your IV."

Confrontation

- Asking to clarify inconsistencies
  - in patients comments
  - between patients words and behavior
    - *Patient*: "I'm not having any pain; my wife called 911."
    - *Response:* "I see you're clutching your chest…"

Interpretation

- Clinician interprets the patient's hidden meaning or feelings
- May validate the patients feelings
- May anger the patient
  - *Patient*: "I told you; I'm not having any pain."
  - *Response:* "It's normal for many people not to want to admit that they could be having a heart attack."

Interpretation, continued

- Or clinician guesses at the patient's feelings:
  - *Patient* (angrily): "Listen, you; I am not having any pain!"
  - *Response*: "It's normal for you to be upset right now. Many people feel angry at times like this."

Summary

We have discussed:

- The staging of the interview and data collection process.
- The techniques of skillful interviewing such as facilitation, open ended questions, transition, and nonverbal communication will help meet the patient's and the clinician's agendas and will begin the therapeutic process.