

The Patient Interview



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Before we Start...

- What the word 'dizzy' means to you?
- Leading on from this:
- Has any one ever had a problem with dizziness and if so what does it feel like?
- Long term consequences of balance problem that does not resolve

Dizziness: Emotions Evoked

- Panic
- Loss of control
- Fear
- 'People think I'm drunk'
- 'I've got a brain tumour'

Consequences of Long Term Dizziness

- Tiredness/ fatigue
- Headaches
- Time off work and financial consequences
- Inability to perform at full potential at work
- Inability to contribute to home life fully
- Anxiety (occasionally fear of going out)
- Depression

Dizziness and Consequences

- Having any kind of dizziness can be very frightening
- Patient education and correct intervention as quickly as possible will:
 - Reassure patient
 - Help patient get better as quickly as possible
 - Prevent turning into chronic problem with associated disabilities

Patient Interview

- Establishes a relationship with the patient
- Provides information that with testing helps with diagnosis and enable patient to make informed choice about management options
- Don't take history- Facilitate Information Gathering

Using a Questionnaire

- Assess current symptoms
- The effect of symptoms on life
- May give information patient does not give in interview
- Alerts you to anxiety
- Can be used as outcome measure (clinical audit)

Vestibular Rehabilitation Benefit Questionnaire (Morris et al)

- <http://resource.isvr.soton.ac.uk/audiology/VRBQ/VRBQ%20pack.pdf>
- Three sections:
 - Dizziness/anxiety
 - Motion provoked dizziness
 - Quality of life
- Performed before 1st appointment and as rehabilitation proceeds
- Assesses degree of disability and handicap
- Given as percent deficit

Part A: Dizziness and Anxiety

Part A: This part asks about how often you experience different things

1. I feel dizzy

all the time *very often* *quite often* *sometimes* *not very often* *only very occasionally* *never*

2. I get a feeling of tingling, prickling or numbness in my body

all the time *very often* *quite often* *sometimes* *not very often* *only very occasionally* *never*

Part B: Motion Provoked Dizziness

Part B: This part asks about how dizzy you get when you make certain movements. **Please do not circle 'not at all dizzy' if you avoid making the movement.** Please either try the movement and then answer or talk to your Vestibular Rehabilitation therapist before answering

9. Looking up at the sky makes me feel

not at all dizzy *very slightly dizzy* *mildly dizzy* *moderately dizzy* *really quite dizzy* *very dizzy* *extremely dizzy*

10. Moving my head slowly from side to side makes me feel

not at all dizzy *very slightly dizzy* *mildly dizzy* *moderately dizzy* *really quite dizzy* *very dizzy* *extremely dizzy*

Part C: Quality of life

Part C: This part asks about your lifestyle and feelings compared to before the dizziness started. **Please read each question carefully to make sure that you circle the right answer for you.** Some of the questions are phrased in a way that suggests you have a problem (e.g. 'Compared to before the dizziness started, I have trouble focusing my eyes') but some of the questions are phrased in way that suggests you do not have a problem (e.g. 'Compared to before the dizziness started, I feel comfortable travelling').

If a question does not apply to you, please circle 'same as before' rather than leaving it out.

19. Compared to before the dizziness started, I avoid some activities, positions or situations

<i>a lot more</i>	<i>quite a bit more</i>	<i>a little bit more</i>	<i>same as before</i>	<i>a little bit less</i>	<i>quite a bit less</i>	<i>a lot less</i>
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20. Compared to before the dizziness started, I am happy to be on my own

<i>a lot more</i>	<i>quite a bit more</i>	<i>a little bit more</i>	<i>same as before</i>	<i>a little bit less</i>	<i>quite a bit less</i>	<i>a lot less</i>
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Getting Started

- Review referral letter and hospital notes
- Introductions and body language important
- Collect patient from waiting room and greet warmly
- Explain what you are planning to do during the session and in what order

Introductions

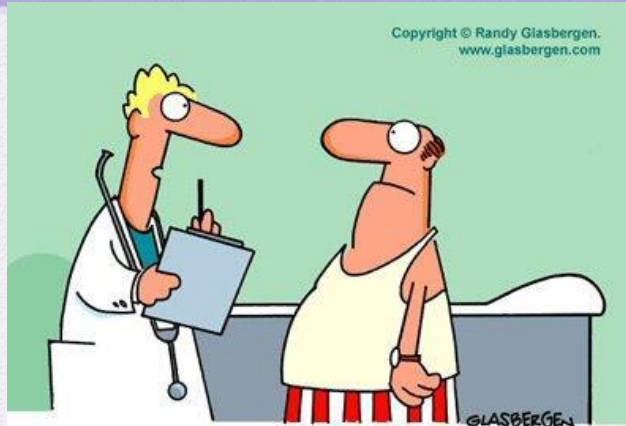
- Good introductions
 - Hand shake and smile, Hallo my name is, here today for, what we are going to do is, can I ask whether you would like to be called Mrs X or Ann
- Poor introduction
 - No hand shake/smile, looking at watch, no intro, how long have you felt dizzy for

Good skills



Do not sit behind desks!

Bad skills



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Questioning Skills (1)

- Open questions
 - Tell me about your dizziness
 - How are you feeling today
- Closed questions
 - Have you ever suffered from a migraine
 - Yes and no or brief answers
- Questions using patient prompts from list
 - Did you feel any of the following: Spinning, light headed, movement of the world, nausea, faint

Questioning Skills (2)

- To encourage patient to talk/answers to open ended questions:
 - Silence
 - Nonverbal encouragement
 - Neutral utterances
 - Reflection: verbal and non-verbal
 - Summary and paraphrasing

Advanced Skills

- Some patients symptoms will have profound effect on quality of life.
- Sometimes you will be the first person they feel able to talk to about it
- Eliciting emotions is good! (although often uncomfortable for both clinician and patient)
- May be first step they need to manage their symptoms and begin to get over them
- Let patient off load if need be and listen

Emotion Handling

- Emotion handling
 - Understanding
 - Respecting
 - Reinforcing how positive it is that the pt has been able to express his/her emotional response
 - Acknowledging if they have coped well in any way
 - Supporting

Two Stages in Patient Interview

- Interview should be a Patient-Clinician collaboration
- Patient centred
 - Let patient talk
 - Use of open questions
- Clinician centred
 - Obtaining the rest of information you need to obtain
 - May contain closed questions

Patient Centred

- After introductions, encourage patient to talk
- 'What brought you here today'
- Let patient tell you what is important to them
- Be prepared to be flexible: let patient dictate pace and order of the information
- Open ended questions to clarify: Do not lead
- Give selection of answers if need
- Summarize at end

Clinician Centred

- Clarification of history patient has given
- Identification of contra indications to testing
- Closed questions where necessary

Information you need to obtain

- Detailed description of 1st and subsequent attacks of dizziness:
 - Description: **vertigo vs other dizziness**
 - Spontaneous or evoked by movement
 - Timing: seconds, minutes, hours, days
 - Frequency: if multiple attacks
 - Symptoms in between attacks
 - Associated symptoms: Hearing loss, tinnitus, nausea, fullness

Information you need to obtain (2)

- Current symptoms/balance:
 - With head or body movements
 - In the dark
 - In busy visual environments
 - Ability to walk in a straight line ?
 - Veer in one direction
- Affect on quality of life
 - Working?
 - Home life
 - Avoidance behaviour

Information you need to obtain (3)

- Hearing problems/ tinnitus
- Vision and proprioception
- Back and neck problems
- Migraines
- Medical (including otological)
- Medications
- Balance medication: have they taken it today?
- Check for side effects of dizziness/postural hypotension

Information you need to obtain (4)

- Contraindications for testing
 - Dix Hallpike (BPPV)
- Severe back or neck problems
 - Calorics(see BSA procedures)
- Ear pathology/operations
- Heart conditions
 - VNG
- Epilepsy