



Wolters Kluwer
Health

Lippincott
Williams & Wilkins

Communication Skills for the Healthcare Professional

Chapter 5

Interviewing Techniques



Primary Functions of the Medical Interview

- Information gathering
- Relationship building
- Patient education



Two Common Approaches to the Patient Interview

- Primary care provider-only approach:
 - Patient is interviewed only once.
- Team approach:
 - First interview is conducted by a member of the healthcare team.
 - Second interview is conducted by the primary care provider and typically focuses on the chief complaint and other critical information.



The Interviewee

- The patient is typically the primary source of medical information.
- The patient may not be the interviewee when: they are critically ill or unconscious, mentally impaired, or very young.
- Other sources of medical information may include: parents of small children, adult children of seriously ill or disoriented parents, spouses and significant others, other members of the healthcare team, and the medical record.



Presence of Family Members During the Visit May Offer Benefits

- Family members may:
 - Help communicate the patient's concerns to the HCP.
 - Improve the HCP's understanding of the patient's problem.
 - Improve the patient's understanding of the diagnosis and treatment.



Presence of Family Members During the Visit May Offer Benefits, cont.

- Family members may, cont.:
 - Help the patient to remember clinical information and recommendations.
 - Express concerns regarding the patient.
 - Assist the patient in making decisions.



The Setting

- Doctor's office, hospital or clinic:
 - Nonverbal behaviors may be observed.
 - Observations may be helpful in diagnosing the patient or in developing the treatment plan.



The Setting, cont.

- Telephone interview:
 - HCP is unable to observe the patient.
 - HCP must rely on patient's tone, pacing of speech and word selection to interpret their condition and attitude.



Types of Questions and Statements

- Closed questions
 - Designed to elicit short, focused responses such as *yes* or *no*
 - Examples?
 - Advantage: provide a great deal of objective information in a short period of time
 - Disadvantage: limit the amount and type of information gained from the patient



Types of Questions and Statements, cont.

- Open-ended questions
 - Designed to elicit detailed responses
 - Provide objective and subjective information regarding the current physical and emotional conditions of the patient
 - Often begin with: who, what, where, when, how, and why
 - Examples?



Types of Questions and Statements, cont.

- Open-ended questions, cont.
 - Questions beginning with *why* should be used with caution.
 - There may be no one answer as a patient's motivation may be complex.
 - These questions may be perceived as confrontational.
 - The patient may feel like they have to defend themselves.
 - They are likely to inhibit further communication and damage the therapeutic relationship.



Types of Questions and Statements, cont.

- Open-ended questions, cont.
 - Questions beginning with *why* may be useful.
 - To engage in true collaborative decision making, it is necessary for the HCP to know what motivates the patient.
 - The HCP will often need to know what factors may influence the patient's ability to follow a certain treatment regimen.
 - Examples?



Types of Questions and Statements, cont.

- Open-ended questions, cont.
 - Leading questions and statements should be avoided.
 - They may encourage the patient to provide what they perceive is the desired answer.
 - As a result, the responses may be inaccurate.



Types of Questions and Statements, cont.

- Indirect statements:
 - Help to establish therapeutic communication
 - Obtain information without the patient feeling questioned
 - Examples?
 - What's the time? - Direct question
 - Do you have any idea what the time is? - Indirect question



HCP- vs. Patient-Centered Interview

- HCP-centered interview
 - Consists of a stream of questions in response to the patient's first complaint
 - Controlled by the HCP
 - May be less effective in determining all of the patient's concerns (e.g. chief complaint)



HCP- vs. Patient-Centered Interview, cont.

- Patient-centered interview
 - Uses “continuers” (“What else?” “Anything else?” “Other examples?”)
 - Encourages patient to reveal all concerns at the beginning of the interview
 - Develops a relationship between the HCP and the patient (“You seem very worried.” “You appear quite upset.” Other examples?)



HCP- vs. Patient-Centered Interview, cont.

- Patient-centered interview, cont.
 - “PEARLS” (American Academy on Physician and Patient)
 - Partnership: conveys that the HCP and the patient are in this together
 - Empathy: expresses understanding and concern for the patient
 - Apology: acknowledges that the HCP is sorry that the patient had to wait, that the procedure was painful, etc.



HCP- vs. Patient-Centered Interview, cont.

- Patient-centered interview, cont.
 - “PEARLS”, cont.
 - Respect: acknowledges the patient’s suffering, anxiety, fear, etc.
 - Legitimization: acknowledges that the patient may be angry, frustrated, depressed, etc.
 - Support: conveys that the HCP will be there for the patient and not abandon them



Interviewing Guidelines

- Call the patient by name.
- Introduce yourself.
- Show concern for the patient.
- Convey an attitude of competence and professionalism.



Interviewing Guidelines, cont.

- Sit opposite the patient.
- Ask about the chief complaint first.
- Perform a visual assessment of the patient.
- Be nonjudgmental.



Interviewing Guidelines, cont.

- Use short probing questions.
- Use simple questions and statements that the patient will understand.
- Give the patient time to answer fully before going on to the next question.
- Listen attentively and respond with interest.



Interviewing Guidelines, cont.

- Use continuers: what else?
- Paraphrase important statements.
- Seek clarification.
- Verbalize the implied.



Interviewing Guidelines, cont.

- Avoid getting off the subject.
- Introduce additional questions.
- Utilize the section for comments in the Medical History Form.
- Immediately record the information.



Interviewing Guidelines, cont.

- Summarize.
- Thank the patient.



Pinpointing the Chief Complaint or Present Illness

- The primary goal of the interview is to identify the patient's chief complaint.
- Questioning the patient during the interview should focus on, or pinpoint, specific symptoms or important medical information that will facilitate reaching an accurate diagnosis.



Pinpointing the Chief Complaint or Present Illness, cont.

- Pinpointing is accomplished by converting vague, general statements into clear, precise statements.
- The HCP needs to encourage the patient to be specific and accurate.



Interviewing Children and Adolescents

- There are many similarities between adult patient interviews and those of children and adolescents:
 - Basic organization of the medical history
 - Professional guidelines for the interview
 - Demonstration of empathy and respect



Interviewing Children and Adolescents, cont.

- The differences between adult patient interviews and those of children and adolescents are based upon the stage of:
 - Physical,
 - Psychological, and
 - Emotional

Development of the patients as they progress from infants and toddlers to school-age children and, finally, to adolescents.



Interviewing Children and Adolescents, cont.

- Infants and Toddlers
 - Patient is the focus but not a participant.
 - Parent or guardian provides most of the information.
 - It is helpful to have child present to prompt the parent's recall of relevant details.



Interviewing Children and Adolescents, cont.

- School-age Children
 - Many children are able to contribute substantially to the patient interview by the age of five or six years.
 - Information must be verified by the parent or guardian.



Interviewing Children and Adolescents, cont.

- Adolescents
 - Teenagers take increasing responsibility for their own health and health care while parent's roles diminish.
 - Assure the adolescent that the conversation is confidential.



Interviewing Children and Adolescents, cont.

- Adolescents, cont.
 - Information regarding drug and alcohol use, sexuality, and behavioral and emotional issues should be obtained directly from the adolescent.
 - Avoid closed questions.



Legal Restrictions and Ethical Issues

- Interviews must be conducted with the utmost discretion to assure patient confidentiality.
- Violations of confidentiality damage the trust between the patient and the HCP.
- Violations of confidentiality open practitioners to lawsuits.



Legal Restrictions and Ethical Issues, cont.

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the security and privacy of health issues.
- Hospitals, doctors , and all HCPs must guard against the misuse of a patient's identifiable health information and limit the sharing of such information.
- Discussing a patient with an unauthorized individual is a violation of the patient's privacy.