CLINICAL INTERVIEWING SKILLS

A programmed manual for data gathering, evaluation, and patient management

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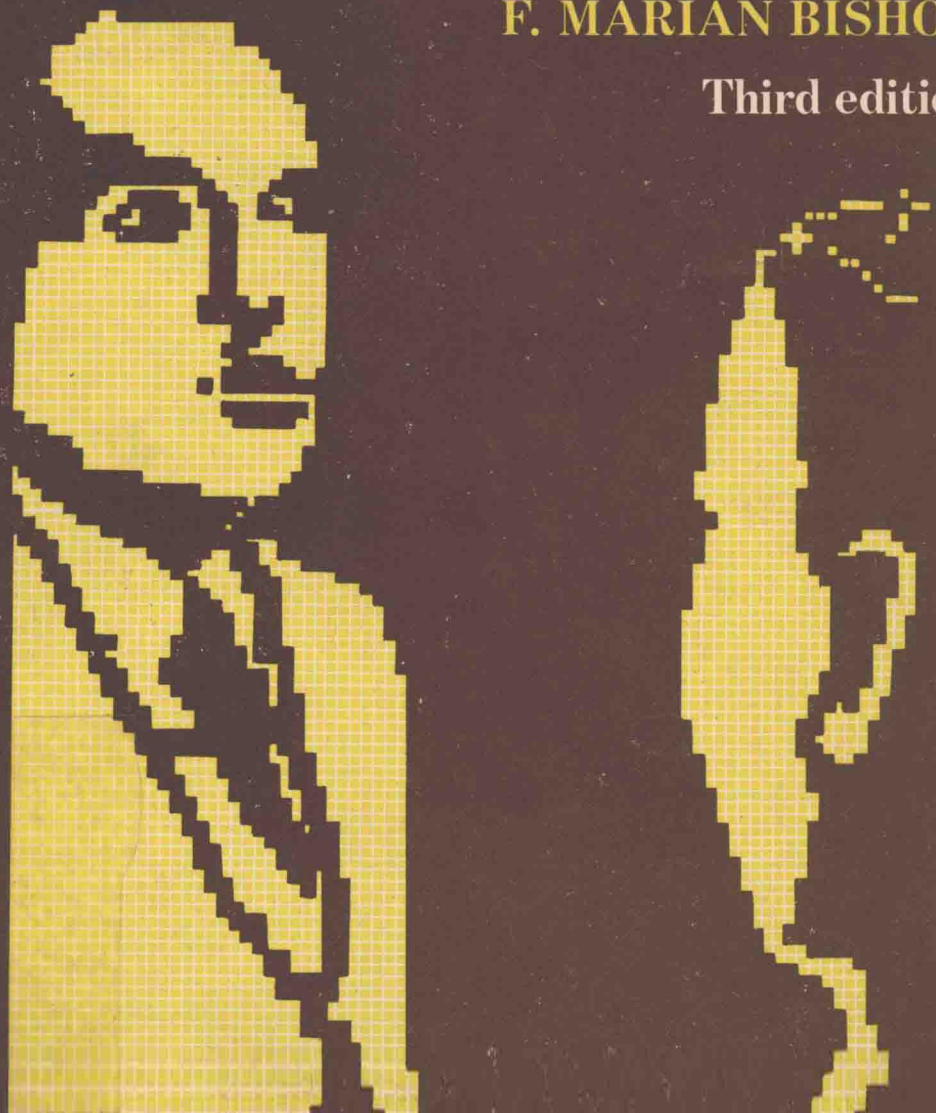

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INTRODUCTION

To the health professional, regardless of the type of practice, the ability to establish a satisfactory professional-patient relationship rests on the use of communication skills in the interview. This manual is intended to teach the student basic skills of interviewing through active involvement with simulated patient contact. Because of the increasing number of students and the limited number of faculty available to teach interviewing, some method of self-study and simulation of actual experience is needed.

Although all persons communicate, the ability to communicate skillfully and purposefully with the other person rarely occurs naturally. It is a common misunderstanding that the awarding of a degree also confers the ability to communicate and to elicit information and responses from others. No degree guarantees this skill. Our national examinations for certification and honor (examples are the national boards in medicine, specialty certification boards, and International Transactional Analysis Association) are now focusing more and more on the presentation of taped interviews, live interviews before examiners, and simulated interviews to measure the interviewing skills of the applicants. Knowledge, practice, and experience with meaningful feedback are required to develop precise, predictable, effective, and satisfying techniques of communication and to master the many techniques of interviewing.

Question: What makes a good interviewer (therapist)?

Answer: A number of studies over the last decade are coming forth with three basic qualities of the good or successful therapist. It follows that a good interviewer will have the same qualities since therapy depends on successful data gathering and upon a successful relationship between the health professional and patient.

1. The good interviewer is appropriately nurturant. By this is meant that the professional is supportive and helpful so that the patient grows in strength. Overly nurturant care would tend to keep the patient functioning at an immature, inadequate level requiring continued support. Inadequate nurturant care would tend to let the patient struggle with the solution of a problem alone to the point that the patient may give up or not succeed in solving the problem.

2. The good interviewer conveys to the patient a conceptual model by which the patient can understand his or her illness, problem, or disease. In the good interview the conceptual model is conveyed by example and meaningful illustration rather than by lecturing the patient, having the patient read material, or sending the patient to a class. The key check to whether or not you have been successful in conveying a model to the patient is to learn how the patient understands his or her disease, illness, or problem.

3. The good interviewer involves the patient in the problem-solving process. The patient is increasingly responsible for giving the data, for seeking the solution, for establishing the relationship, and for following the directions necessary to carry out the treatment.

In the minds of most patients competence and interest in the patient are inseparable. The feeling of disinterest implies to the patient that the interviewer is not motivated to exercise scientific competency. Is it possible that much apparent lack of interest is, in reality, a lack of interviewing skills? If so, it would be negligent not to rectify this gross defect.

Skill and time are two related components of a successful patient interview. The more skillful the interviewer, the less time required for an interview. If the practical limitations of time pose problems for the busy health professional, it becomes even more imperative that skills be perfected for directing and guiding the interview. The professional must be sufficiently skilled so that even under pressures he or she can establish and maintain an unhurried, interested manner. The patient must feel that he or she is receiving the professional's undivided attention and energy throughout the interview.

A good interview provides a direct path to understanding the patient's difficulties. Symptoms often appear long before the current laboratory tests are capable of detecting disordered physiology. A careful, detailed, properly analyzed and interpreted history can usually lead the interviewer to an accurate diagnosis and successful treatment plan. Furthermore, the interview may establish a therapeutic relationship that motivates the patient toward cooperation with the interviewer.

A complete interview and the recording of the history are very costly procedures. Therefore, they must be accomplished efficiently and in a manner personally satisfying to both the interviewer and the patient. The traditional methods of obtaining and recording a patient's history that persist in teaching hos-

pitals are used rarely in either the office practice or the hospital practice because the cost to the patient is prohibitive.

As we observe students in their initial interviewing, two major flaws are evident. First, most students utilize only a few of the many alternatives available to them in guiding an interview and in responding to a patient. The predominant technique is to ask direct, specific questions. Second, most students do not know what information to seek next. The interview tends to jump illogically from topic to topic, depending on the next question that can be recalled. *This manual is intended to actively teach the student alternative ways of responding to a patient and to develop a feeling for the appropriate lead.*

In our teaching experiences with students we have been, and continue to be, impressed with their eagerness to conduct a good interview. We are also sympathetic to the reluctance on the part of any student to experiment and practice the various interviewing skills with an assigned patient, especially since such interviewing must often be carried out in the presence of other patients. We believe that simulated patient contact will allow the student some advance experimentation and practice that can be conducted in privacy and at an individual pace.

Question: How would you define an interview? How would it differ from a social interaction?

Answer: An interview is a communication between two or more people with a purpose to which both (or all) agree. There are two socially defined roles: the interviewer and the interviewee. The interview is to focus on the interviewee, usually to help the interviewee in some way, and to obtain information from (and occasionally to give information to) the interviewee. A social interaction differs in that the roles are not necessarily defined as above, the focus is usually mutually shared by each participant, and the purpose is not necessarily defined.

Question: What is a history? How does it differ from an interview?

Answer: A history is the *organization* of information obtained from a patient. The interview and the history differ primarily in the organization of the information.

In order to obtain reliable information from a patient in an efficient manner, the interviewer must direct the patient to information in an area closely associated with the current thoughts of the patient. If the interviewer jumps from topic to topic, the patient has a difficult time following the conversation, the interview contains many pauses while the patient thinks about what the interviewer is asking, and the flow of information is very slow. On the other hand, if the interviewer stays with a topic until all of the relevant information is obtained, the flow of information is more rapid, the patient is ready for the next question, and the patient spontaneously remembers more details that may give the needed differential diagnostic clues.

Usually the interviewer seeks information related to an organ system, a symptom, a period in the patient's life (specific hour, day, or year), a feeling, or a thought before going to a new topic. In writing or reporting the history the interviewer may organize the information around a diagnosis, presenting information from different times, organ systems, or symptoms in order to lead the reader or listener to the diagnosis while listing the differential diagnostic information.

In the last 15 years many procedures have been developed for teaching interviewing techniques. Little focus on interviewing skills occurs in the literature prior to the 1960's. Since then, there has been a great deal of interest in the field, with resultant input from many fine teachers. In addition to the body of this text, there are additional suggestions in the Appendix to aid in the learning of interviewing skills by the student.

CONTENTS

PART ONE

CONDUCTING THE INTERVIEW

CHAPTER 1

PREPARATION FOR AN INTERVIEW

GENERAL CONSIDERATIONS

Each interview has a manifest purpose and goal. In addition, there will be latent purposes and goals that may or may not be immediately evident. The more common and obvious manifest goals are to gain information, establish a relationship, obtain an understanding in one or both parties involved in the interview, and to lend support or direction to one of the parties.

Question: How does an interview differ from helping a person fill out a questionnaire?

Answer: The most important difference is that the interview "makes meaning" out of what the other person says. In the questionnaire the respondent's answer to the question is accepted at face value. No attempt is made on most questionnaires to obtain further elaboration and meaning to the answer. In the interview the respondent's answer is considered, amplified, elaborated, and questioned until both parties arrive at nearly the same understanding of what was meant by the response.

From this question and answer it is suggested that an interview is not really fulfilling its purpose if the respondent's answers are not elaborated, clarified, and made meaningful. We concur with this suggestion. When the primary purpose of the interview is to obtain information, then it does not make sense to waste time in an interview if a questionnaire will accomplish the same goal. In many situations, interviews have been replaced with questionnaires or with computer interviews. In a few situations the substitution has been acceptable, but in the vast majority of situations the substitution has been unacceptable. However, in situations in which it is important to have an accurate interpretation of the information given, the interview has stood the test of time.

From this background it is clear that the focus of this text needs to be on the collection of meaningful information rather than just obtaining information whose meaning is open to each reader's interpretation.

PURPOSE OF AN INTERVIEW

The areas vital to successful interviewing and patient management are obtaining information about the history of the patient, establishing rapport, understanding the patient's reactions in the present, and understanding the total patient. Difficult management may result from a deficiency in any of these areas. The purpose of the interview is fourfold:

1. To gather information about the patient and his/her illness that is not available from other sources
2. To establish a relationship with the patient that will facilitate diagnosis and treatment
3. To give the patient an understanding of his/her illness
4. To support and direct the patient in his/her treatment

Question: Can an interview be replaced with a questionnaire or a computer programmed to obtain information about the patient and his/her illness?

Answer: Questionnaires and computer programs can obtain some information. They have an effect on the relationship that is established which varies with the individual patient and with the setting. So far, such questionnaires and computer programs have not been programmed either to help the patient understand his/her illness or to support and direct the patient in his/her treatment. In addition, the questionnaire and computer programs do not have the ability to "make meaning" out the response of the patient.

Only in the interview can terminology be clarified. The meaning of pain to a patient and the degree to which he/she feels it cannot be obtained from our present forms on which patients record their history. Such shades of meaning are difficult to understand even when obtained firsthand from the patient who is experiencing the pain. When the information is obtained secondhand via a printed form, it is still more difficult to understand.

The word *pain* is to the unique sensation that the patient is experiencing as a map is to a territory. The word is a symbolic representation of the territory; it is not the territory, and the interviewer's concept of the sensation as a result of hearing the word *pain* may not be the same as that being experienced by the patient. Only in the interview can the interviewer's concept be clarified.

The difference between what we *mean* to say, what we *do* say, and how another person *interprets* what we say often is a surprise to students. If you have had little experience with word meaning, do the following exercise and see what you can learn. Then follow the exercise with a discussion of what each of you learned. The rules of the exercise are:

1. Person A makes a statement to person B. The statement can be about anything and should have some significance to person A; for example, "I would like to know you better."
2. Person B asks questions of person A as follows: "By that do you mean . . ." Person B completes the question in any way he/she chooses.
3. Person A can answer *only* with "yes" or "no".
4. Person B must obtain three "yes" answers.

This exercise is referred to as a "make meaning" exercise and has been

most productive when we have used it with various health professionals and followed it with a discussion of what each had learned.

In the exercise you may have noted that you used some nonverbal clues to guide you to an understanding of the meaning of the message from A. You will understand the principles involved in this exercise when you give directions to patients. If you remember that the "message is in the receiver," you will inquire of the patient what he/she heard you say and what that means to him/her. In checking out what the patient heard, one learns frequently that the patient was more tuned to nonverbal messages from you than to the words that you were using.

Question: A health professional was recently overheard taking a history. He spent almost all of his time asking specific questions that required one or two words to answer. Which of the four purposes of the interview did the interviewer fulfill?

A. To gather information about the patient and his/her illness that is not available from other sources.
B. To establish a relationship with the patient that will facilitate diagnosis and treatment.
C. To give the patient an understanding of his/her illness.
D. To support and direct the patient in his/her treatment.

Answer: The correct answer is A, since he may have obtained the information needed, but he established a relationship that does *not* usually facilitate diagnosis, treatment, or understanding. Specific questions neither assist the patient to understand his illness nor lend support to him, thus negating B, C, and D.

By answering a series of specific questions, the patient is forced to remain passive and dependent upon the interviewer. The patient is not permitted to accept any responsibility for his/her history and will probably continue in the same dependent role throughout treatment. Furthermore, when 80% of the time is spent by the interviewer asking questions and the patient is talking only 20% of the time, the information learned from the patient per unit of time is very little. The interview process in this example is not efficient.

Question: In an interview information can be obtained that is difficult or impossible to obtain from any other source. You are able to obtain detailed information about the illness that is not available from any source other than the _____.

Answer: patient.

You are also able to learn how the patient feels about his/her illness, how the patient feels while telling you about the illness, how he/she relates to you, and something about the kind of a person the patient is. This behavioral information will be useful to you in planning and carrying out the patient's treatment.

Information about an illness (such as reaction to previous medical care) that is charged with emotion is not readily available from sources other than the interview. The emotionally charged information is not usually given to the office receptionist or secretary. There are times, however, when emotionally charged information is available from members of the family and

from another professional persons, such as a social worker, psychologist, pastor, or nurse.

The interview, when properly conducted, is the hub of medical care. All aspects of care revolve around it. To carry this line of reasoning one step further, the medical care of a patient disintegrates when it is not held together with a properly conducted interview and the professional relationship developed by the interview.

The interviewer must fulfill four basic requirements to conduct a successful interview:

1. Know what information is needed.
2. Know how to get the information.
3. Have a plan, a flexible order, for obtaining the information.
4. Guide, but not dominate, the interview.

Question: The interviewer's time is scheduled. He/she usually knows how much time is allotted for each patient. One resident said, "I just get them started talking and then pick out from what they say what I believe to be important."

A. Who has more control of the interview, the resident or the patient?

B. Why is it unlikely that this resident will obtain the information he/she needs in the time allotted?

Answer: A. The patient, because he/she can choose what he/she wishes to talk about.

B. The resident may have to wait a long time to get the information necessary to make a differential diagnosis, whereas in a guided interview, there would be direction for the patient's attention to the topic critical for diagnosis. In addition, the interviewer's active guidance shows an interest in the patient.

Guiding an interview is not a difficult task. The major problem is knowing what to do. The section on practice interviews (p. 89) presents information to help you guide an interview.

PREINTERVIEW DATA

Question: A patient was ushered into the office by the assistant. In a moment the interviewer entered and said, "Hello, Mr. Jones." The patient replied, "I am not Mr. Jones, I am John Kline." How would you, as the patient, feel?

What should the interviewer have done before entering the office?

Answer: You would probably feel let down. You might assume that the interviewer did not have the courtesy or did not care enough about you to know your name.

The interviewer should have some information about the patient, including his/her name, before entering the interviewing room.

As a minimum, an interviewer should have the following information before seeing the patient:

Name
Address (local or out-of-town; what neighborhood, if in town)
Sex
Age
Occupation and religion
Reason for visit, or referral note
Whether or not previous records are available
Name of previous health professional (if any)

The above list of information is usually obtained by the office receptionist or secretary, clinic admission office, or hospital ward secretary and is available even in the emergency room.

Question: A physician entered the office to see a patient and said, "Hello, Mr. Kline. I am Dr. Armstrong." The patient responded, "Yes, Doctor, I remember you. I saw you last March for my employment physical."
What is the patient saying to the physician?
How would you feel if you were the patient?
What did the doctor omit in his preparation for the interview?

Answer: The patient is asking the physician if he doesn't remember the visit last March. As a patient you may quickly feel that the doctor has a limited interest in you, both as a patient and as a person. The doctor and his staff failed to check whether or not there was a record on this patient and the date of his last visit.

Question: A physician greeted a new patient with, "Howdy, George, I'm Dr. Armstrong." The patient is the president of the largest bank in Detroit and is on vacation at the Lake of the Ozarks. How might this patient be expected to react to this greeting that is overly familiar in a professional setting?

Answer: He might feel that he had picked a "hayseed" for a doctor and would seek to conclude the visit as soon as possible.

An observant, perceptive office assistant can inform the interviewer, before he/she sees the patient, about such facts as the patient's personality, emotional state, and reaction to illness as noted in his/her contact with the patient. The assistant may also note changes he/she perceives from visit to visit. These observations are most important to the interviewer as a validation of his/her own observations.

Question: In addition to the above observations, the interviewer should have noted George's _____ and _____ before entering the office.

Answer: occupation and address

In addition to giving the interviewer the needed background information and notes from the assistant's observations of the patient, an interviewer will sometimes instruct the assistant to introduce him/her to a new patient.