

Interviewing with a Patient

STEPS

A. Beginning the interview

1. Greet the patient

It is important to welcome the patient using a combination of non-verbal approaches such as hand-shake, eye contact and smile plus a suitable verbal greeting. It has positive impact on the patient when the doctor stands up and buttons up his/her white coat.

2. Introduce yourself

Introduce yourself using your exact position (Dr. Ayşe Kum, Intern Dr. Ayten Bal, Medical student Firat Ay, etc.).

3. Ask the patient to sit down

Environmental factors affect physical and psychological comfort. Invite the patient to the seat where s/he can feel her/himself comfortable and secure. Close the door of the examination room. A silent and well lightened room is the appropriate place for the interview.

4. Obtain the patient's name, and try to use it among the interview

You may read the patient's name on the card/screen, but it is preferable to ask his/her name to clarify the information. It is impressive to use the patient's name among the interview.

5. Ask the patient an open question

It is important to begin the interview with an open question to make the patient tell his/her complaints comfortably. Each doctor tends to have a favourite stock question that s/he uses repeatedly; 'How are you doing?', 'How can I help you?', 'Tell me what you have come to see me about.' You can ask a second question like 'what else can you tell' if the patient answers your first question very briefly.

6. Listen to the patient without interrupting him/her

Learning how to listen at the beginning of the interview is the first step to an efficient and accurate interview. Do not interrupt your patient's story in order to clarify some points of the story, or to ask new questions about some critical information in the story. Wait till s/he completes her/his story. You may let your patient silent, and think about the details.

7. Demonstrate active listening by appropriate use of verbal and non-verbal cues
Patients need to be encouraged by their doctors to tell more about their complaint/ topic. You should indicate to your patients that you are interested in what they are telling. Any facilitative intervention by doctors allows the patient to continue and complete their initial statement of concerns. Neutral facilitative phrases such as 'uh-uhh', , 'go on', 'yes', 'I see' serve to encourage the patient to continue along their own path. Much of your willingness to listen is signalled through your non-verbal behaviour which immediately gives the patient strong cues as to your level of interest in them and in their problems. Many individual components are involved in non-verbal communication, including posture, movement, proximity, direction of gaze, eye contact, gestures, affect, vocal cues, facial expression, touch, physical appearance. All those skills can assist in demonstrating attentiveness to patients and facilitate the formation of a supportive relationship.

B. Gathering information

8. Ask open ended questions to let the patient describe the problem
The doctors use open questioning techniques first to obtain a picture of the problem from the patient's perspective in own words. Later, questioning becomes more focused with increasingly specific though still open questions and eventually closed questions to elicit additional details that the patient may have omitted. The use of open questioning techniques is critical at the beginning of the exploration of any problem. Open questions encourage the patient to answer in an inclusive way that may well provide much more of the information that is being sought.
9. Listen to the patient attentively
Attentive listening is a highly skilled process, requiring a combination of facilitative responses, wait time and picking up cues. Facilitative responses have the effect of inviting patients tell more about the area that they are already discussing. Encouragement, repetition and paraphrasing are the skills can be used to facilitate the patient to tell more, indicating simultaneously that you are interested in what they are saying, and that you are keen for them to continue. Along with non-verbal head nods and the use of facial expression, doctors use frequent verbal encouragers, like 'go on', 'I see', 'um'. Repeating the last few words that the patient has said shows that the doctor is really listening to the patient, and encourages him/her to keep talking. Paraphrasing is restating in your own words the content or feelings behind the patient's message. Paraphrasing checks if the doctor's own interpretation of what the patient actually means is correct. In the interview, using wait time effectively allows the patient time to think and to contribute more without being interrupted and the doctor to have time to listen, think and respond more flexibly. Patients' ideas, concerns and expectations are expressed in non-verbal cues and indirect comments rather than overt statements. These cues often feature very early in the patient's exposition of their problems and the doctor needs to look out specifically for them from the very beginning of the interview.
10. Concentrate on the interview
Doctors signal their interest to the patient by focusing on the patient and his/her story. Do not deal with any other issue during the interview. Tell your secretary not to transfer any phone call, not to let anyone come into the room. Mute your cell phone.

11. Take notes without interrupting the interview

Writing down only the critical information is enough in most of the interviews. Taking longer notes during the interview may be necessary in case doctors need detailed information about the specific case. The important point in taking notes is not to give the impression to the patient that you are not listening to him/her. Try to keep your eye contact at least when you are asking the question so that you can see the first reaction of the patient to the question.

12. Encourage the patient to tell his/her story in a more complete fashion

Encourage the patient to tell the story of the problem from when first started to the present in own words by listening attentively. You may use all the skills of the attentive listening like facilitative responses.

13. Avoid medical jargon

Most of the patients do not have a medical background, familiarity or experience. They cannot understand the medical words and phrases. Do not use medical jargon while interviewing with the patient.

14. Summarize the history in the end, and ask if the patient has anything to add or correct

Summarizing is the deliberate step of making an explicit verbal summary to the patient of the information gathered so far. It allows the patient to confirm that you have understood what they have told or to correct your misinterpretation and also acts as an excellent facilitative opening by inviting and allowing the patient to go further in explaining their problems and thoughts.

C. Understanding the patient's perspective

15. Find out the patient's perception of what is wrong, establish his/her attitudes to the problem, determine what effect the problem has on their day-to-day life and relationships

The patient's illness framework includes ideas or beliefs (about the causation or effect of the illness, about health and what influences or contributes to it), concerns (worries about what symptoms might mean), expectations (hopes of how the doctor might help), thought and feelings (emotions and thoughts that the illness induces), and effects on life (the effect of the illness has on day-to-day living). At least you should ask an open question about how the symptoms and illness are affecting the patient's life. Such a question may be an excellent entry into the patient's perspective of the problem, and leads the patient to talk openly about their thoughts and feelings.

16. Demonstrate empathy

Empathy is a two-stage process; the understanding and sensitive appreciation of another person's predicament or feelings, and the communication of that understanding back to the patient in a supportive way. The key to empathy is not only being sensitive but overtly demonstrating that sensitivity to the patient so that they appreciate your understanding and support. Empathic statements are supportive comments that specifically link the 'I' of the doctor and the 'you' of the patient: "I can appreciate how difficult it is for you to talk about this."

17. Respond supportively to the patient's expression of feelings and thoughts

Supportive response provides a practical and specific way of accepting non-judgementally what the patient says, acknowledging the legitimacy of the patient to hold their own views and feelings, and valuing the patient's contributions.

D. Explanation and planning

18. Provide explanations that the patient can remember and understand

Give information in assimilable chunks, check for understanding, and use the patient's response as a guide to how to proceed. Ask the patient what other information would be helpful. Give explanation at appropriate times by organizing the explanation, repeating and summarizing. Use visual methods of conveying information, while using concise, easily understood statements, and avoiding medical jargon.

19. Check patient's understanding of information given

Ask the patient whether s/he understands or has any concerns about the information provided to her/him. Ask the patient to restate in own words. Pick up verbal and non-verbal cues for the understanding of the patient.

20. Discuss the importance of the patient's involvement in the plans

Explain your patient the importance of sharing possibilities and eliciting his/her preferences so that they understand your rationale, are involved in decision making and share control with you.

21. Encourage patient to be involved in implementing plans, and negotiate an acceptable plan

Discuss options, and provide information on action or treatment offered. Obtain patient's view of need for action, perceived benefits, barriers, motivation. Accept patient's views, advocate alternative viewpoint as necessary.

22. Elicit the patient's reactions and concerns about plans and treatments

Take patient's lifestyle, beliefs, cultural background and abilities into consideration. Explain causation, seriousness, expected outcome, short and long term consequences. Elicit the patient's beliefs, reaction and concerns including acceptability.

23. Check with patient

Ask the patient if s/he accepts the plans. Ask her/him if the previous concerns about the plans have been addressed.

24. Obtain informed consent

Obtain verbal or written informed consent after explaining the process and addressing the concerns.

E. Ending the interview

25. Summarize and confirm the established plan of care

Summarizing the session briefly and clarifying the plan of care not only gives the doctor and the patient the chance to confirm their deliberations but can also act as a highly valuable facilitative tool, allowing the patient to question or amend the doctor's perceptions.

26. Explain possible outcomes, what to do if plan is not working, when and how to seek help

Establishing contingency plans is a key step in closure. Explaining what the patient should do if the things do not go according to plan, how they should contact you and what certain developments might mean provides important back-up.

27. Check final agreement

Check finally that patient agrees and is comfortable with the plan, and ask if any corrections, questions or other items to discuss

28. Contract with the patient about next steps for both patient and physician

Contracting with the patient about the next steps for both patient and doctor allows each partner to identify their mutual roles and responsibilities. The doctor may need to state explicitly how s/he will inform the patient of their results and what they should do in the meantime. The patient may need to confirm their willingness to adhere to the agreed treatment plan.

29. End the interview and politely, let him/her go out

While ending the interview it is nice to farewell the patient in a similar manner with welcoming the patient. Use your gesture and mimics, and verbal skills to let politely the patient go out.