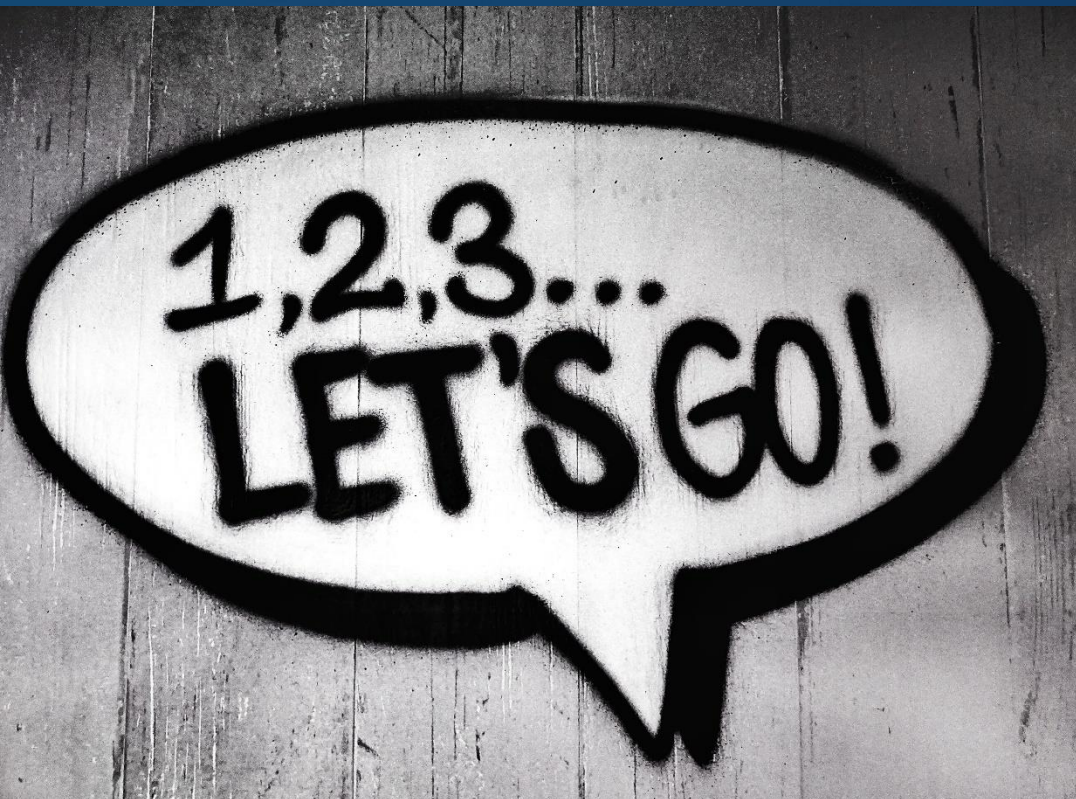




PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

The Medical Interview

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Is it important to study Medical Interview?

Medical Interview is central to clinical practice.

Doctors perform 200.000 consultation in a professional lifetime.

The interview is **the unit of medical time.**

Critical few minutes for the doctor to help the patient with their problems.

To achieve an effective interview

Integrate four aspects of your work

Overall clinical competence

- Knowledge
- Communication skills
- Problem solving
- Physical examination

**How we communicate is just as important
as what we say.**



Are there problems in communication between doctors and patients?

Doctors frequently **interrupt** patients so soon after they begin their opening statement that patients fail to disclose significant concerns.



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In general, physicians give **scarse information** to their patients, with most patients wanting their doctors to provide **more information** than they do.

Is there evidence that communication skills can overcome these problems?

The longer the doctor waits before interrupting the patient less likely that new complaints arise at the end of the interview.

Picking up and responding to patients cues shortens rather than lengthens the visit.



In the management of sore throat,
satisfaction with the consultation and
how well the doctor deals with patient concerns
predict the duration of illness.



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Goals of the encounter

Physicain's side:

- Decoding information
- Understanding the problem
- Evaluate the actual physical and psychological status
- Help to solve the problem

Goals of the encounter

Patient's side:

- Solve the problem
- Understand the role in the process
- Understand the way how to solve the problem

What did he tell me to do?

We can't afford the medication we need.

My questions can wait..he's too busy.

He doesn't need to know I take garlic instead of Lipitor.

Oh by the way... nah..that pain in my chest can wait.



I love patients that do what I tell them.

HDL is a bit high... but as his age why be too aggressive.

No questions..good. He must understand what I told him.

Medical Interview

Calgary-Cambridge Guide (Silverman J, Kurtz S, Draper J)

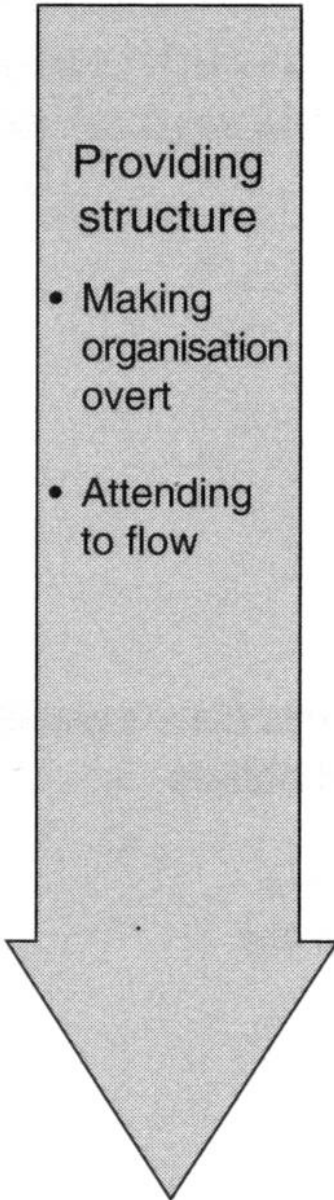
1. Initiating the session
2. Gathering information
3. Physical examination
4. Explanation and planning
5. Closing the session

Enhanced Calgary-Cambridge Guide

1. Initiating the session
2. Gathering information
3. Physical examination
4. Explanation and planning
5. Closing the session

- **Providing structure**
- **Building the relationship**





Initiating the session

- Preparation
- Establishing initial rapport
- Identifying the reasons for the consultation

Gathering information

- Exploration of the patient's problems to discover the:
 - biomedical perspective patient's perspective
 - background information – context

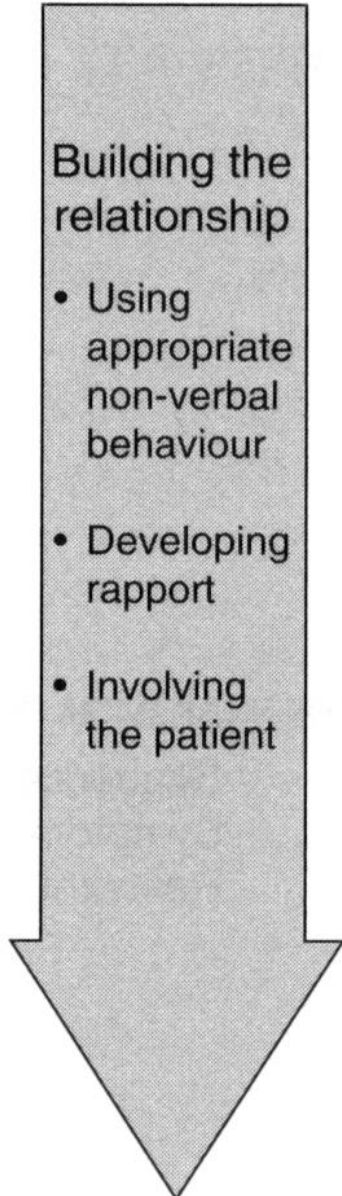
Physical examination

Explanation and planning

- Providing the correct type and amount of information
- Aiding accurate recall and understanding
- Achieving a shared understanding: incorporating the patient's illness framework
- Planning: shared decision making

Closing the session

- Ensuring appropriate point of closure
- Forward planning



1. Initiate the session

1. Preparation
2. Establishing initial rapport
3. Identifying the reasons for the consultation

1. Initiate the session

1. Preparation

- Put aside last task
- Attend to self-comfort
- Focus attention and prepares for this consultation.

What attend to self-comfort means?







1. Initiate the session

2. Establish the initial rapport

- Greet patient and obtains patient's name
- Introduce yourself, role and nature of interview
- Demonstrate respect and interest, attend to patient's physical comfort

1. Initiate the session

3. Identify the reason(s) for the visit

- Identify the patient's problem or issues, opening questions
- Listen attentively, without interrupting
- Confirm list and screens for further problems
- Negotiate agenda taking both needs into account

2. Gathering Information

Exploration of patient's problems

- ▶ Encourage patient to tell the story
- ▶ Use open and close questioning techniques
- ▶ Listen attentively
- ▶ Pick up cues (body language, facial exp.)
- ▶ Periodically summarise, own understanding
- ▶ Use concise, easily understood questions
- ▶ Establish dates and sequence of events



What is the difference between Disease and illness?



2. Gathering Information Content to be Discovered

The biomedical perspective
(disease)

- ▶ Sequence of events
- ▶ Symptom analysis
- ▶ Relevant systems review

The patient's perspective
(illness)

- ▶ Ideas and beliefs
- ▶ Concerns
- ▶ Expectations
- ▶ Effects on life
- ▶ Feelings

- ▶ 1. WHERE – the location and radiation of symptoms
- ▶ 2. WHEN – when it began, fluctation over time, duration
- ▶ 3. QUALITY – what it feels like
- ▶ 4. QUANTITY – intensity, extent, degree of disability
- ▶ 5. AGGRAVATING AND ALLEVIATING FACTORS
- ▶ 6. ASSOCIATED MANIFESTATIONS – other symptoms
- ▶ 7. BELIEFS – the patient’s beliefs about the symptoms

PATIENT STORY



2. Gathering Information Content to be Discovered

Background information (context)

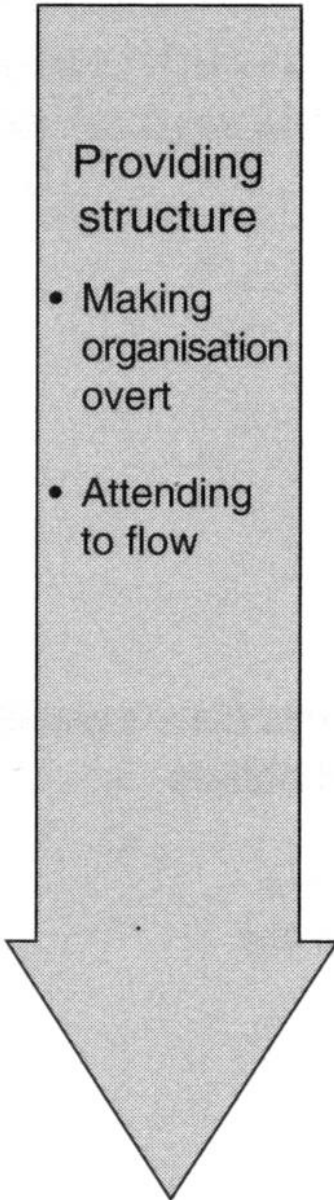
- Past medical history
- Drug and allergy history
- Family history
- Personal and social history
- Review of systems



3. Physical examination

- ▶ Continue verbal communication
- ▶ Explain what are you doing
- ▶ Cause as less discomfort as possible!!!





Initiating the session

- Preparation
- Establishing initial rapport
- Identifying the reasons for the consultation

Gathering information

- Exploration of the patient's problems to discover the:
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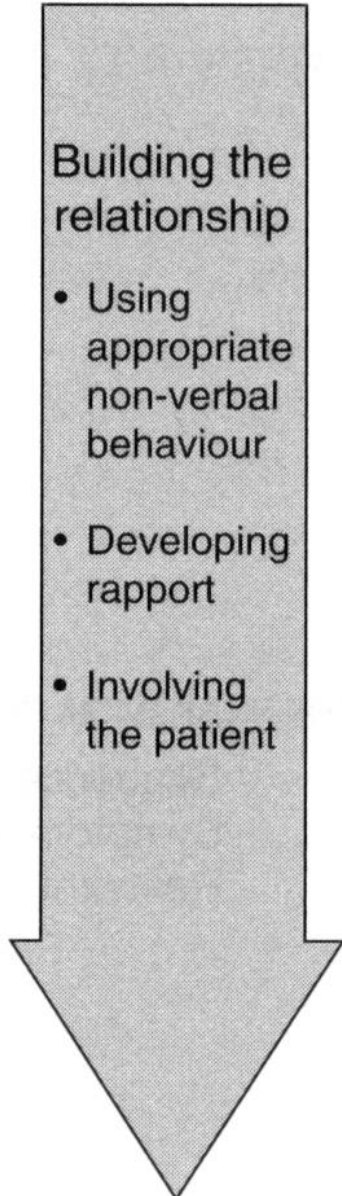
Physical examination

Explanation and planning

- Providing the correct type and amount of information
- Aiding accurate recall and understanding
- Achieving a shared understanding: incorporating the patient's illness framework
- Planning: shared decision making

Closing the session

- Ensuring appropriate point of closure
- Forward planning



Provide structure to the consultation

- **Summarise** at the end of a specific line inquiry to confirm understanding
 - Pull together and review what you have heard so far
 - Order the information into a coherent pattern
 - Realise what information you still need to obtain or clarify
 - Gain space to consider where the consultation should go next
 - Separate and consider both disease and illness

Provide structure to the consultation

- Progress from one section to the other using **signposting**, **transitional statements**
 - Make the progression from one section to another
 - Explain the rationale for the next section

„Since we haven't met before, it will help me to learn something about your past medical history. Can we do that now?”

Provide structure to the consultation

- **Structure interview** in logical sequence
- **Attend to timing** and keep interview on task

Building the relationship

Use appropriate non-verbal behaviour

- Demonstrate appropriate non-verbal behaviour
- When write notes or use computer, not to interfere with the dialogue
- Demonstrate appropriate confidence





Building the relationship

Develop rapport

- Use empathy, acknowledge patient's views and feelings
- Not to be judgemental
- Provide support, willingness to help
- Deal sensitively with embarrassing topics and physical pain

Building the relationship

Involve the patient

- Share thinking with patient
- Explain rationale for the planned steps
- Explain process during physical examination

4. Explanation and planning

1. Provide the correct amount and type of information
2. Aiding accurate recall and understanding
3. Achieve a shared understanding:
incorporating the patient's perspective
4. Planning: shared decision making

4. Explanation and planning

1. Provide the correct amount and type of information

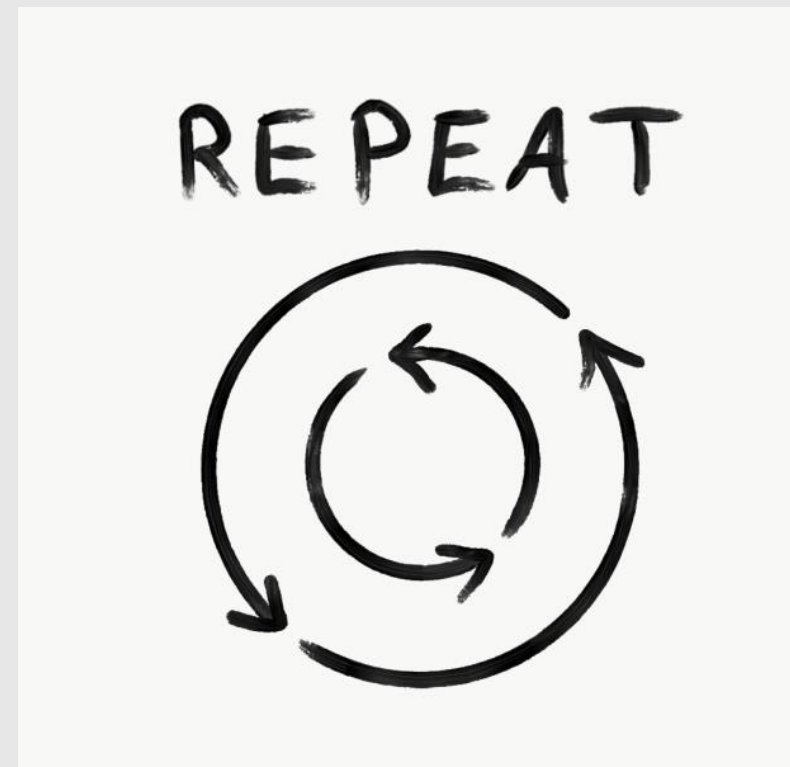
- Chunks and checks
- Assess the patient's starting point
- Ask patient what other information would be helpful
- Give explanation at appropriate times



4. Explanation and planning

2. Aiding accurate recall and understanding

- Use repetition and summarising
- Use concise, easily understood language
- Check patient's understanding
- Use visual methods of conveying information





"The Doctor will see you now. Here's your medical jargon dictionary."

4. Explanation and planning

3. Achieving a shared understanding: incorporating the patient's perspective

- Relate explanations to the patient's perspective
- Provide opportunities and encourage patient to contribute
- Pick up and respond to verbal and non-verbal cues

4. Explanation and planning

4. Planning: shared decision making

- Share management options
- Involve patient: offer suggestions rather than directives
- Negotiate a mutually acceptable plan
- Check with patient:
 - if accepts plan
 - if concerns have been addressed

5. Closing the session

Forward planning

- Contract with patient the next steps
- Safety nets, unexpected outcome, seek help

Ensure appropriate point of closure

- Summarise the session
- Final check that patient agrees and comfortable

**„If you can't communicate
it doesn't matter what you know ”**

(Jan van Dalen)



"The doctor will see you now —
I can't promise that he'll talk
to you, but he'll see you."



Thank you!
Köszönöm!

