MEDICAL INTERVIEW
Structure and technics

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BASIC PRINCIPLES

Physician GUIDED discussion

In addition to the information we hear,
all of our senses are needed

PROBLEM-ORIENTED SUMMARY

BASIC PRINCIPLES

Integrating four important areas of medical work

- Knowledge
- Communication skills
- Problem solving
- Physical examination

Goals of the patient-physician relationship

1. Awareness of one's impact on the patient and the healing process

- Have a positive effect on a patient and his/her adaptation to the illness

- Knowledge of one's self
  - Self-exploration
  - Self-observation

- Observation and listening to the patient

2. To gain the trust of the patient

„Trust is the inevitable must”

Specific considerations:

- Mutual trust
- The patient’s belief in the physician
- Mutual respect
- Mutual feeling of being able to communicate and be understood

  (Froelich & Bishop, 1977)
- **Degree of confidence**

  (Enelow & Swisher, 1986; Lacombe, 1993)

3. Understanding the living-conditions and ideas of patients

- How patients feel about their physical condition and about you as their physician

- **Open questions / statements**
- **Empathic responses**

- To involve patients in their treatment
  - New evidence linking stress, immune system responding and psychosocial influences on disease

    (Blenck, Buck & Rosenthal, 1986)
  - The patient's right to autonomy is accepted as a legitimate moral claim

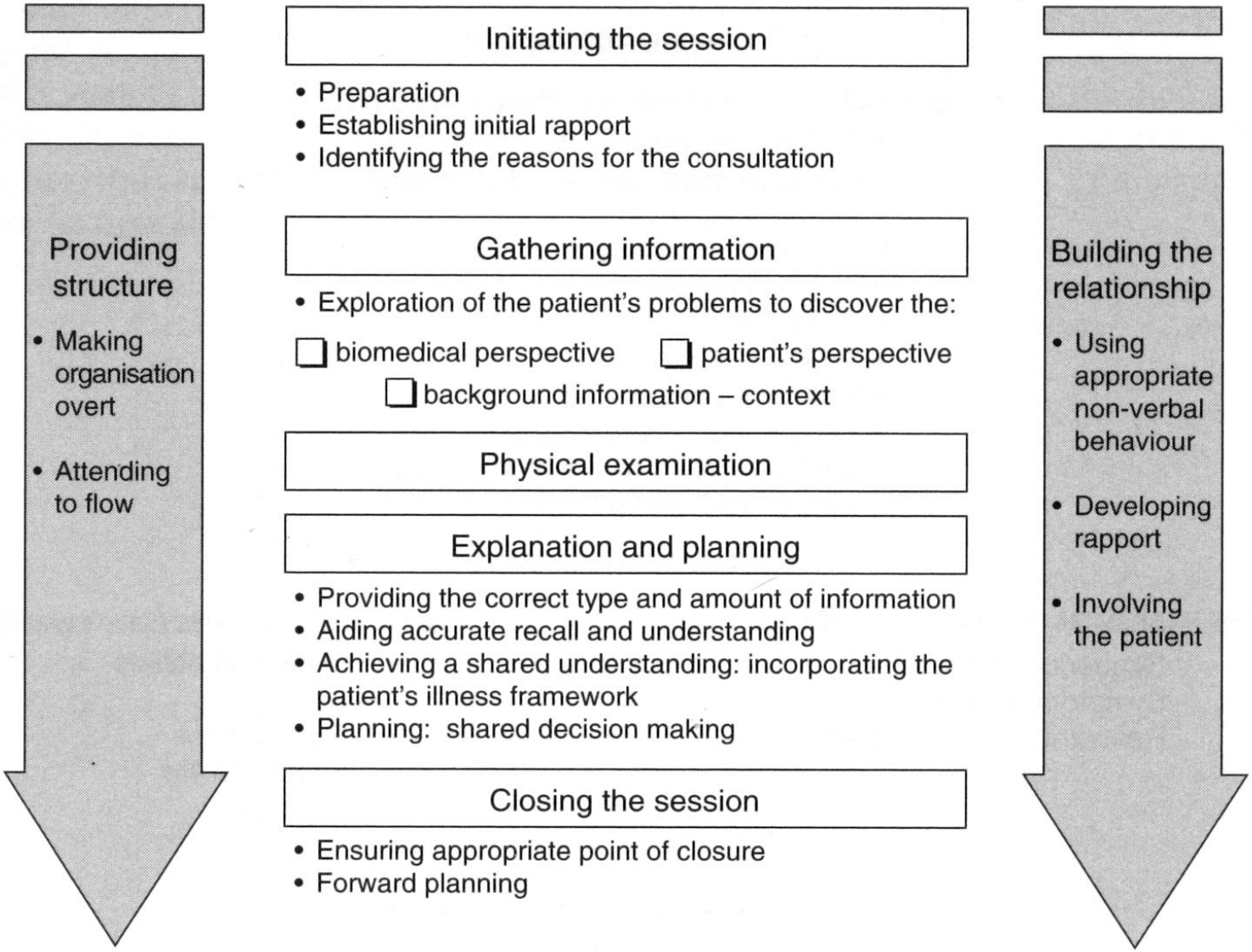
    (Purtilo, 1993)

4. To provide information, confirmation, support and guidance

Will only be heard if the relationship is based on **trust** and **mutual understanding**

Uniqueness of the patient


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.
I love patients that do what I tell them.
Oh by the way... nah..that pain in my chest can wait.
HDL is a bit high... but as his age why be too aggessive.
No questions..good. He must understand what I told him.


Providing structure
• Making organisation overt
• Attending to flow
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
Building the relationship
• Using appropriate non-verbal behaviour
• Developing rapport
• Involving the patient

Integrated Medical Interviewing

Patient- ↔ **Physician-**
Centered Centered

Nondirective *Directive* *Nondirective* *Directive*

Relationship Building ↔ **Focusing the Patient's Story** ↔ **Exploring Medical Concerns** ↔ **Identifying Disease Processes**

Psychosocial ↔ **Biomedical**

Advantages of patient-centered interviewing

The interviewer

⇓

Eliciting and understanding the patient's concerns

Actively facilitates the patient's expression of concerns,

but follows the patient

Can fully express humanistic attributes

Physician satisfaction

The patient

⇓

Generates ideas and controls the direction of the conversation

Patient's responsibility, involvement in care increase

Associated with increased patient satisfaction

- Compliance
- Health status outcomes

Developing a sense of connectedness

THE STRUCTURE OF THE INTERVIEW

1. INITIAL PHASE (initiating the session)

2. GATHERING INFORMATION

3. COLLECTING SPECIAL INFORMATION (special info and PHYSICAL EXAMINATION)

4. EXPLANATION AND PLANNING

5. CLOSING PHASE (closing the session)

1. INITIAL PHASE

Preparation

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


TAKE
A DEEP
BREATH

1. INITIAL PHASE

- Know and use the patient’s name
- Introduce yourself
- Greet the patient
- Put the patient at ease (calm down)
- Ensure privacy and comfort
- Provide the appropriate framework for communication
- Determine whether the patient is aware of the situation
- Clarify the available time
- Discuss plans of the consultation

2. GATHERING INFORMATION

Patient-centered part

Start with an **open-ended question** or statement
Can contain any type of information (first 30 sec. or so)
Considerations: child, dementia, acute case???

Observe non-verbal cues, as well as clinical manifestations
Express our interest

ENCOURAGE THE FREE FLOW OF INFORMATION

Use **specific open-ended responses**

SPECIFIC OPEN-ENDED INTERVIEWING RESPONSES:

1. SILENCE
2. Nonverbal responses
3. Neutral utterances or continuers
4. Reflection or echoing
5. Open-ended questions or requests
6. Short summaries

3. COLLECTING SPECIAL INFORMATION
Patient centered part

- The interviewer becomes more active and **channels the flow of data in specific direction**
- Tests hypothesis about the personal meaning of the patient's story
- Open-ended statements are still used

Physician-centered part

- Evaluate earlier hypothesis and develope new ones
- Progressively more closed-ended responses
- Focuses on the specifics of the patient's possible organic disease problem

PHYSICAL EXAMINATION

- **$\Rightarrow$ Information about the patient's life setting and physical symptoms is often develope simultaneously**

Physician-centered part

Proceeding from the general to the specific:

- Using single questions
- Not suggesting a respons by wording of a question, tone or nonverbal communication
- Giving equal weight to alternative answers
- Not interpreting data while gathering it
- Giving balanced attention to all aspects of the story
- Not confusing the patient with technical language or rapid shifts
- Making the conversation congruent with the patient's education, language, cultural, social and stylistic capabilities

4. EXPLANATION AND PLANNING

Physician-centered part

- Providing the correct amount and type of information
- Aiding accurate recall and understanding
  - explicit categorization, repetition, summarising, visual methods
- Achieving a shared understanding:
  - incorporating the patient's perspective (provide opportunities, elicit reactions and feelings)
- Planning: shared decision making
  - Decisions about disease probability and diagnostic procedures (suggestions rather than directives, negotiates a mutually acceptable plan)

5. CLOSING PHASE

To return the encounter to a **patient-centered atmosphere**:

- The interviewer should forewarn the patient that the interview will end shortly
- Inquire wether the patient has anything additional to discuss
- Determine how the interaction has gone
- Final check that patient agrees and comfortable (satisfaction)
- Next visit
- Saying good-bye

CONSIDERATIONS 1.

„WHY…" questions

„ Why did you get divorced? "

Immediately forces the patient to do an accounting and confess.

An "honest" answer to the question reveals something wrong in him, and he is forced to become defensive.

→ *"Would you like to talk about your divorce?"*

CONSIDERATIONS 2.

SUGGESTIVE questions

"I saw you drumming your fingers when you spoke, are you nervous?„

It gives superficial information.

Leave it to the doctor, just don't go deeper.

Avoid provocation.

→ *"How is your physical and mental stress lately?"*

CONSIDERATIONS 3.

DIRECT questions

"Was your sputum green?„

We only rarely use it! To clarify the answer.
It provides little information.

→ *"What color was his sputum?"*

CONSIDERATIONS 4.

Unindicated topic change !

"Do you still do car repair? Would you fix my car?"

It causes confusion in the relationship.

The interview falls apart.

THE MOST IMPORTANT MEDICINE IN THE GENERAL PRACTICE IS THE **PHYSICIAN HIMSELF**.

(by Mihály Bálint)

THANK YOU
FOR YOUR ATTENTION!