The Truth and Nothing but the Truth

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Objectives Functions of the Interview **Communication Model** Communication Process Approach to the Interview • Pitfalls of Communication Interview Challenges Interviewing Children Interview functions Communication Model Miscommunication We think_____ We have short_____ We jump_____ We are_____

Patient reporting	
The Voices	
THE VOICES	
• Voice of	
 Voice of 	
Interview Considerations	
 Privacy 	
 Environment 	
Interruptions	
Interference Lighting	
LightingNoise	
Equipment	
Distance	
• Level	
 Dress 	
 Note taking 	

Approach to the interview	
 Name Comfort Broad questions Open ended questions Closed or direct questions One question at a time Timing 	
Interviewing techniques	
 Facilitation Reflection Clarification Empathetic responses Confrontation Interpretation Asking about feelings 	

Pitfalls of inteviewing	
 Providing false assurance Giving advice Using avoidance language Distancing Professional jargon Leading or biased questions Talking too much Interrupting Using "why" questions 	
Non-verbal communication	
 Physical appearance 	
 Postures and gestures 	

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 Inquire when indicated Work them into interview Avoid yes and no questions Quantify amounts Reactions or blackouts Related accidents 	
 Violence or Abuse Injuries are unexplained Delayed treatment History of similar episodes History of substance abuse 	
 May be related to presentation Many patient may have questions May be medication related Medications may not be considered Prevention awareness Prevention methods 	
 Often uncomfortable Has many uses Remain attentive Be alert for signs of distress Confrontation is useful 	

Talkative patients	
 Easy to become impatient May need to accept less comprehensive history Give pt free reign for 5 – 10 minutes Focus on what seems important Summarization and redirection may help 	
Multiple symptoms	
Consider the A+PLook for underlying process	
Anxiety	
 Frequent and normal reaction May contribute to the illness Be alert to non-verbal clues Encourage pt to talk about feelings 	
Anger and hostility	
 Natural reactions Often projected to provider Be sure not to encourage anger Do not become angry in return Maintain safety 	

Intoxicated patients	
 Greet by name and title Be accepting, not challenging Posture Avoid trapping them Avoid yes or no questions 	
Depression	
 Be alert for S+S of depression A common problem in medicine Evaluate how bad it is Evaluate for suicide risk 	
Seductive patients	
 Accept feelings of attraction as normal Patients may be frankly seductive Make your relationship clear Review your behavior Use members of the opposite sex 	
Limited intelligence	
 Can generally give adequate Hx Be alert for omissions in Hx Gear the interview appropriately Avoid talking down to pt Use other sources of information 	
Blind patients	
 Announce yourself Maintain physical contact Inform the patient prior to all procedures Orient patient to surroundings Make accommodations for any devices 	

 Emphasizes importance of history Interpreters Family members Bilingual charts and questionnaires 	
Hearing impairments	
 Communication method Lip reading Lighting and distractions Visual contact Voice level 	
Family and friends	
 Valuable source of info Get patients approval Same principles apply Evaluate relationship 	
Parents	
 Used when pt is under 5 Conduct interview with the child present Parents describe S+S based on their own perceptions, biases, and needs Parents need to feel they are doing a good job Use child's name and parent's title 	

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 Children > 5 can add significantly to Hx Describe S+S more accurately than parents Open ended questions are best 	
at the beginning of the interview	
Adolescents	
 Can be difficult and frustrating Respond well to those who see them as people and not "cases" Various reasons for seeking healthcare Avoid reflection, silence, and confrontation 	
Aging patients	
 Hearing and vision may be impaired Responses are slower May not report S+S Reflection and experiences can give valuable insight into patient 	
Summary	
 Several techniques can be used when interviewing a patient Our actions can often reduce the quality of information gained Avoid common pitfalls of communication Interviewing techniques are valuable 	