Patient Interview

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In the field of patient communication, nothing's more important than the clinical interview. Until the 1970s, there was no model for the interview: the physician simply asked the patient questions about signs and symptoms, and tried to put it all together to come up with a diagnosis. But now there's been an explosion of research into physician-patient communication, and as a result, you can now choose from at least eighteen different models for the clinical interview.

Even though there is no agreed-upon standard, the various models have a lot more similarities than differences. What they share is an emphasis on some very basic skills—some of which even the most experienced doctors may be neglecting. First, it's important to focus on the patient and involve him in the interview. There are two kinds of information that must be gleaned from this interview: one is patient centered, the other is doctor centered. The best place to start is with the patient, and the best way to get the patient to open up is to establish rapport from the very beginning. Instead of entering the room with your eyes glued to the chart, try to review the chart ahead of time. That will enable you to look your patient in the eye. And before you enter the examination room, tuck the chart under your arm and take a deep breath. That will force you to slow down. It's hard for a patient to engage with someone who is obviously in a hurry. As you greet the patient, make sure you keep the chart out of your line of sight. Then take a seat next to the exam table or side-by-side. You aren't likely to have a good interview if you have your hand on the doorknob or your eyes on a piece of paper.

What if the patient has been waiting for a while? Experts agree that, if this happens, the physician should acknowledge and apologize for the wait, at the same time assuring the patient—verbally and nonverbally—that this visit is not going to be compromised because the office is behind schedule.

For the first few minutes, just listen to what your patient has to say. You show your respect by not interrupting. And by the way, here's a good way to avoid that "hidden concern" that's so likely to emerge in the last moment when you're leaving the room: wait for the patient to finish talking, then ask, "Anything else?" Continue to ask "what else" until he finally says, "That's it." If he's named a long list of issues, you might ask him to pick out his top two or three priorities, then you can suggest another appointment to discuss the others.

Throughout the visit, show empathy for your patient. It's been proven that doctors who show empathy are more likely to have compliant patients. Some of your possible responses that show empathy might include these phrases: "I can see that you are concerned," which shows reflection. "I can understand why you feel this way, " which legitimizes the patient's emotion. "I want to help" shows support. "Let's work together" shows partnership. And "You're doing great" shows respect.

Next, be explicit. Because most patients face a doctor visit with some degree of apprehension, take a little time to orient your patient to the process. Say things like this: "I'm going to take

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your blood pressure now," or "I'm going to make some notes on your chart." It also helps if you explain your line of thinking when you ask follow-up questions. If the patient is allowed to understand your methodology, you won't come across as arrogant or paternalistic.

Finally, use the teach-back method to be sure your patient has understood what you've said, and to improve the likelihood of his being compliant. The teach-back method means breaking the information down into smaller bits, then checking after each bit to make sure he has understood. But don't just ask, "Did you understand?" Instead, say something like this: "We just covered a lot of ground. Can you explain it back to me so that I can be sure we're both on the same page?"

You can do the same in responding to the patient's information. You might say, "There's a lot on your mind today. What I'm hearing is that you're concerned about being very tired. And you've been having headaches." If the patient is actually more concerned about something else, you've then opened the door for him to correct the information.

It may take a while to integrate these skills into your everyday practice; but the result will be clinical interviews that get better outcomes for both the patient and the physician.

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