Medical Interviewing Instructor’s Guide

List of all resource files included in the submission

I. Medical Interviewing Instructor’s Guide (pp. 1-7)
II. Medical Interviewing Small Group and One-on-One SP Exercises (Student Preparation Booklet)
   a. Medical Interviewing Booklet Cover (p. 8)
   b. Medical Interviewing Booklet Title Page (p. 9)
   c. Medical Interviewing: Small Group Activity Introduction (pp. 10-11)
   d. Opening the Interview (p. 12)
   e. Using Open-ended and Direct Questions (p. 13)
   f. Patient-Doctor Communication: The Fundamental Skill of Medical Practice (pp. 14-19)
   g. Medical Interviewing Small Group Patient Scenario and History Taking Outline (pp. 20-22)
   h. Medical Interviewing: One-on-One Standardized Patient Exercise Guidelines (pp. 23-24)
   i. Medical Interviewing: Patient Information and Instructions for Students (p. 25)
   j. Medical Interviewing: Physician’s Communication Behaviors During the Medical Interview (p. 26)
   k. Medical Interviewing: Additional Reference Materials (p.27)
III. Small Group Medical Interviewing Standardized Patient Case Information
    a. Medical Interviewing Small Group Standardized Patient Case Content Outline (pp. 28-30)
IV. One-on-One Standardized Patient Exercise Case and Training Information
    a. Medical Interviewing Standardized Patient Training- Sample Agendas (pp. 31-32)
    b. SP Training: Introduction to the Medical Interview (PowerPoint) (pp. 33-57)
    c. Medical Interviewing Standardized Patient Case Content Outline (pp. 58-61)
    d. Medical Interviewing: SP Checklist and Scoring Guide (pp. 62-65)
    e. SP Training: Feedback (PowerPoint) (pp. 66-81)
    f. Medical Interviewing: Feedback Worksheet (p. 82)

Explanation of when, how, and the order in which to use each resource file

Medical Interviewing is a two-part exercise designed primarily for first year medical students, but can also be utilized by other early health professions students learning the skills of a medical interview. Students participate in the small group medical interview process during the fall of their first year and then several months later, complete the one-on-one Standardized Patient (SP) interview. The resource files included in this submission are the materials provided to students in order to prepare for the exercises and the SP cases, SP training materials, and checklist. The student materials are provided to students in electronic and/or written form several weeks prior to their encounters. The SP case and training materials are developed and presented to SPs hired prior to the student exercise start date(s). Variations of these exercises can be used for remediation purposes for students struggling with basic communication skills.
The materials are presented in the following order: Instructor’s Guide, Student Preparation Materials and finally the Standardized Patient cases, training materials and checklist. The most important distinction in terms of order is that the small group exercise occurs first in the curriculum and therefore those materials should be utilized first followed by the materials for the one-on-one SP exercise. Our institution does not allow students to access the SP cases (except as presented in the student preparation materials), the SP training materials or the checklist. Other institutions may choose to provide SP cases and/or checklists to students and will need to edit those materials according to their needs.

A Note about Terminology:

Standardized Patient Programs use a number of different terms to define Standardized Patients (SPs) and the educators/trainers employed to hire and train the SPs to their various roles. Our Program utilizes the term Standardized Patient Instructor (SPI) for those SPs who, in addition to learning to portray a role and evaluate student performance, provide the student with constructive verbal feedback about their performance. Standardized Patient is the more commonly used term, so that has been adopted throughout the materials presented here, where possible. Standardized Patient Educators (SPEs) are the individuals employed by Standardized Patient Programs to recruit, hire and train SPs to portray their role, evaluate student performance and often to provide the student with feedback.

The purpose/goal of the resource including specific educational objectives

Standardized Patient exercises, particularly as they relate to communication skills, are a vital component to a complete medical school curriculum. They allow students to practice skills that are not consistently role modeled or practiced in actual clinical settings; however these are areas which are deemed important by regulating bodies such as the LCME and the ACGME. Standardized Patient Programs are often commissioned not only to teach certain skills, but also to educate students to the importance of implementing these skills in clinical practice and promoting culture change in healthcare. The overarching goal of the materials presented here is to provide the tools necessary for any program to implement these two complementary SP exercises in the context of their programs and their schools' broader curricula. Those utilizing this resource have the information necessary to train SPs as well as prepare students for both exercises.

The educational objectives for students during both the Medical Interview Small Group exercise and the one-on-one SP exercise are based on the exercises’ placement in a broader clinical skills curriculum where some interviewing skills have been presented and learned in other educational settings.
Student Educational Objectives for the Medical Interviewing Exercises:

Knowledge:

Students should be aware of:

1. The essential components of effective Doctor-Patient Communication.
2. The components of a thorough medical history.

Skills:

Students should demonstrate the ability to:

1. Open the interview appropriately.
2. Establish and maintain rapport with the patient.
3. Elicit a relevant medical history from the patient.
4. Display active listening skills throughout the interview.
5. Close the interview appropriately.

Professional Behaviors:

Students should demonstrate:

1. Attentiveness and empathy throughout the interaction with the patient.
2. Awareness of and sensitivity to the patient’s health concerns.
3. Openness and receptiveness to feedback.

The conceptual background regarding why and how the resource was created.

The student preparation materials were created to provide students with guidance on successfully completing two related SP encounters focusing on communication skills: the small group interview and then later, the one-on-one interview. Because these exercises are the first experiences our students have with SPs, materials introducing them to the pedagogical use of SPs are vital. Additional materials have been developed and added over time (e.g., specific materials on outlining a patient history, information on communication skills, Doctor-Patient Communication, etc.) based on student performance and feedback.

The SP case and training materials are created by faculty and Standardized Patient Educators for each experience to ensure the SPs are properly trained to portray the role of the patient, assess the students’ performances and synthesize student performance information into a supportive, yet constructive feedback discussion. Verbal feedback is a major component of the one-on-one SP exercise and as such, significant training time and resources are devoted to developing the SPs’ skills in this area. As with the student preparation resources, materials have been developed and added over time based on student and SP performance and feedback.
**Practical implementation advice such as the materials needed, length of session, faculty/facilitator needs, preparation needs, etc.**

**Small Group Medical Interviewing Exercise:**

**Materials Needed:**

- A room that will accommodate 12-15 people
  - Typically a maximum of 10 students per session.
  - Total number of sessions will depend on the institution’s class size, faculty availability, etc.

**Session Length:**

- Each small group session is 1.5 hours

**Faculty/Facilitator Needs:**

- A Standardized Patient Educator (SPE)/Medical School staff member trained in group facilitation, feedback and medical interviewing skills to assist with facilitating each small group session. This individual trains the SPs and schedules the exercise according to Medical School/student/SP/space availability.
- A Faculty Facilitator(s) available to facilitate each session (if more than one, faculty development to ensure standardization of the experience is vital).
- Standardized Patient(s) trained to the case being portrayed.

**Preparation Needs:**

- Resource materials introducing students to the following aspects of the exercise:
  - Introduction to SP Methodology
  - Foundational Communication Skills resources
  - References from the literature
  - Specific logistical information regarding the exercise
    - Timing, location, appropriate attire
    - Contact information
    - Scheduling procedures and/or consequences
  - References to other complementary curricular materials (e.g. lecture videos)

**SP Training Resources**

- Case content outline/role information
- Note: there is no student checklist for this experience
One-on-One SP Exercise:

Materials Needed:

- Clinical Skills rooms (educational facilities set up similarly to outpatient clinic rooms), preferably equipped with recording equipment.
  - Number of rooms needed depends on scheduling, number of students in a class, etc.
- Student Instructions on clipboards with legal pads for note-taking
- Assessment Materials (paper or web-based, per individual program)
  - Assessment of student performance
  - Student self-assessment (generally the same checklist as the SP)

Session Length:

- Each one-on-one SP session is 1 hour
  - 25 minutes to interview the SP
  - 10-15 minutes for SPs to evaluate the student’s performance and for students to complete a self-assessment
  - 20-25 minutes of feedback

Faculty/Facilitator Needs:

- SPs trained to the case being portrayed as well as trained in providing constructive feedback related to communication skills.
- SP Program staff member to orient students, begin and time the exercise, be available for student questions/concerns, facilitate completion of student self-assessment, etc.
- Standardized Patient Educator (SPE) to train the SPs and schedule the exercise according to Medical School/student/SP/space availability.

Preparation Needs:

- Resource materials introducing students to the following aspects of the exercise:
  - Introduction to SP Methodology
  - Foundational Communication Skills resources
  - References from the literature
  - Specific logistical information regarding the exercise
    - Timing, location, appropriate attire
    - Contact information
    - Scheduling procedures and/or consequences
  - References to other complementary curricular materials (e.g. lecture videos)
SP Training Resources

- A room that will accommodate 10-12 people for SP training sessions
  - Preferably including equipment such as laptops, LCD projectors or other technology helpful for presentations, video review, etc.
  - Timing and number of training sessions varies on SP experience (approximately three or four sessions lasting three to four hours each).
- Clinical Skills rooms (educational facilities set up similarly to outpatient clinic rooms), preferably equipped with recording equipment.
  - These rooms are utilized during training for a “Practice Interview” session (e.g. a dress rehearsal).
- Case content outline/role information
- Checklist
- Feedback Worksheet
- Miscellaneous Training Materials (Agendas, PowerPoint presentations, training exercises, etc.)

A description of how the material has been successfully deployed including common pitfalls, tips for success, etc.

Over time, the student preparation materials are adjusted to meet the educational needs of the students or to address common logistical concerns/misunderstandings. This will likely be the case at any institution wanting to use the materials—adjustments will be made over time based on experience from year to year. These materials can be presented to the students in printed/paper form or they can be uploaded to a student resource portal as PDF documents. During the 2009-2010 academic year, 81% of students who completed our curriculum evaluation found the preparation materials presented either somewhat valuable or valuable and 93% of students felt that the objectives and expectations of the exercise were clear. The most important element for success is ensuring students are clear that materials are available and where they need to go to find them (either a physical location or an electronic one).

Like the student preparation materials, the SP training materials are adjusted over time to meet the educational needs of our SPs as well as our students based on information gathered from our quality assurance process (SP Educator reviewing SP performance), SP feedback about the training sessions and materials, student performance and student feedback about the experience. Specifically, our Program has developed presentations, role-play training activities and tools such as our “Feedback Worksheet” to help SPs encourage students to participate actively in the feedback process, to prioritize the most important areas to cover in a time-limited feedback discussion, and to avoid using “scoring” terms when discussing areas for growth or improvement. During the 2009-2010 academic year, 99% of students who completed our curriculum evaluation for the one-on-one Medical Interview SP exercise either agreed or strongly agreed with the following three statements:

- It was helpful to receive feedback about my clinical skills from the Standardized Patient immediately following the interaction.
- The Standardized Patient provided informative feedback.
The Standardized Patient was effective in portraying this patient.

A method our Program utilizes to ensure success in these areas is that we spend significant time in training on the art of the feedback discussion and we review each SP’s performance and provide them with a performance evaluation and feedback to ensure that they are portraying the role and evaluating the students’ performances accurately and to ensure that their feedback is constructive, interactive and appropriate.

A self-reflecting list of limitations for implementing the resource and ideas for improving/expanding the materials.

Despite all efforts to provide students with the necessary resources to be successful in their experience, there are some limitations to the information we are able to provide. Because medical interviewing is a very practical skill, there are students who will struggle with translating the written materials to actual practice. Additionally, it is important to recognize the amount of information students are able to internalize, ensuring any additional materials are vital to the exercise. It is important to prioritize, edit and remove extraneous information to guarantee that students are able to internalize the most important pieces of information from your materials. A continuous review of materials, including student feedback about the experience is essential to providing students with the most effective preparatory tools possible.

The art of the feedback conversation is one that has evolved significantly over time in our Program and it will continue to do so. Feedback conversations are difficult and therefore require continual assurance that SPs are adequately prepared and providing the quality of feedback we expect. This requires significant time on the part of the SP Educator to perform quality assurance and performance evaluations, but we have found that investment of time and effort to be well-spent.

Other lessons learned include adapting various aspects of the SP cases to include additional areas of the curriculum such as: sexual history taking, symptomatology to generate a broad differential, including psychosocial issues, and elements allowing the case(s) to fit present day context (e.g. stress related to losing one's job) to ensure the cases not only help teach students effective communication skills, but also include content areas that make the SP more realistic to students as well as fit longitudinally in our broader curriculum. Adapting cases in these ways allows us to meet our own institution’s curricular requirements as well as various requirements set forth by the LCME. Any institution utilizing these resources should adapt the cases to fit with their institution’s goals, learning objectives and congruency with other components of the curriculum.
Standardized Patient Program
Small Group and One-on-One SP Exercises

Medical Interviewing

Open-ended questions
Emotion-seeking
Emotion-handling

Matching

Motivation
Legitimizing
Summarizing
Praising

Organization
Transitional Statements

Partnership
Pacing

Negotiation
Note Taking
Eye contact
Facial expressions
Body language
Paraphrasing
Medical Interviewing
Small Group and One-on-One SPI Exercises

Two educational exercises emphasizing the ability to establish a doctor-patient relationship by utilizing effective communication skills during a medical interview.

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Medical Interviewing: Small Group Activity Introduction

The ability to communicate effectively with patients provides a foundation from which to build a successful doctor-patient relationship. During this medical interviewing small group activity, you will learn how to enhance these interviewing and communication skills that you have acquired through the completion of a Standardized Patient (SP) group interview. Each student in the group will take turns asking the SP questions that they would typically ask of a patient. Occasionally a “time-out” will be taken during the interview to address specific techniques relevant to doctor-patient communication.

In addition to helping you refine your interviewing techniques, this small group activity will also help you prepare for future SP interviews that you will experience over the next four years, the first of which is the Medical Interviewing One-on-One SP Exercise. Unlike the group format used in this small group activity, all other upcoming SP interviews are designed to allow you to conduct a one-on-one interview with a Standardized Patient (SP), who has been trained to both simulate a specific patient role and to provide you with constructive feedback on your interviewing methods and communication skills. Ultimately, you will be able to transfer the skills that you learn in these interviews to clinical settings, particularly as you begin interacting with patients in your third year.

For each SP experience, you will be provided with preparatory resources that you are required to read. In this folder you will find such resources that will help you prepare for this small group SP activity. Again, you are expected to read these materials thoroughly prior to your scheduled small group session.

Goals for the Medical Interviewing Small Group:
1. To provide the student with the opportunity to practice his/her medical interviewing technique.
2. To provide the student with the opportunity to practice establishing a doctor-patient relationship and to begin developing effective communication skills.
3. To provide information regarding preparation for SP exercises.

Intended Learning Outcomes (ILOs):
ILOs inform you of the knowledge, skills and professional behaviors the faculty expects you to be able to display throughout this exercise. You will be assessed on your performance in each of the following areas:

Knowledge:
1. Students should be aware of the essential components of effective Doctor-Patient Communication.
2. Students should be aware of the components of a thorough medical history, including History of Present Illness, Past Medical History, Family History and Social History.

Skills:
Students should demonstrate the ability to:
1. Open the interview appropriately.
2. Establish and maintain rapport with the patient.
3. Elicit a relevant medical history from the patient.
4. Demonstrate active listening skills throughout the interview.
5. Close the interview appropriately.

Professional Behaviors:
Students should demonstrate:
1. Attentiveness and empathy throughout the interaction with the patient.
2. Awareness of and sensitivity to the patient’s health concerns.
3. Openness and receptiveness to feedback.

Exercise Guidelines and Instructions:
- Please arrive promptly at your scheduled time to the room assigned in the schedule posted on the portal.
- Please arrive dressed appropriately to see a patient and wearing your white coat.
- This exercise will take approximately one and a half hours of your time
- **Please note that this exercise does NOT involve any type of physical examination. It is strictly an interview exercise.**

Preparing for this Exercise:
- Review the information and materials contained in this folder prior to your scheduled small group session.
- Prepare an outline of questions to ask the patient.
# Opening the Interview

<table>
<thead>
<tr>
<th>FAVORABLE</th>
<th>UNFAVORABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verify patient’s name and address him/her appropriately</strong></td>
<td><strong>“Hello. You are James Smith, is that correct?”</strong></td>
</tr>
<tr>
<td>• Verify both first and last name to ensure you have the correct patient in the room.</td>
<td><strong>“Hello Mr. Smith, how are you?”</strong></td>
</tr>
<tr>
<td>• Using patient’s first name only is unprofessional unless they have given you permission to address them by their first name.</td>
<td></td>
</tr>
<tr>
<td><strong>Introduce yourself</strong></td>
<td><strong>“I’m Karen Thompson, a 1st year medical student. I’m here to gather some information that I will give to my attending who will join us shortly.”</strong></td>
</tr>
<tr>
<td>• Provide both your first and last name to let the patient know who you are.</td>
<td><strong>“I’m Karen Thompson”</strong></td>
</tr>
<tr>
<td>• Provide your title/role to let the patient know why you are there.</td>
<td></td>
</tr>
<tr>
<td><strong>Engage in general conversation in an attempt to put the patient at ease.</strong></td>
<td><strong>“Before we get started, I’d like to know a little about you. Tell me about your ______ (job, school, family, hobbies, interests, etc.)”</strong></td>
</tr>
<tr>
<td>• Use conversation to find out pertinent info. about patient.</td>
<td><strong>“How has your day been so far?”</strong></td>
</tr>
<tr>
<td>• Avoid overly general or ambiguous greetings.</td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>• Convert generic greetings into sincere inquiries.</td>
<td><strong>“Do you have anything fun planned for the_______ (weekend, summer, holidays, etc.)?”</strong></td>
</tr>
<tr>
<td>• Establish rapport with every patient. This can be initiated by engaging in general conversation with the patient when appropriate. <strong>Be considerate of the patient:</strong></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>o If the patient does not seem responsive to your attempt, redirect the conversation to address their immediate concerns.</td>
<td><strong>“Did anyone come with you today?”</strong></td>
</tr>
<tr>
<td>o If the patient is in physical pain, tailor general conversation to address their immediate discomfort.</td>
<td><strong>“First, I’d like to ask you some questions, then I will need to do a physical exam and finally we’ll talk about what we need to do to address your ______ (illness, discomfort, etc.)”</strong></td>
</tr>
<tr>
<td>• Set an agenda</td>
<td></td>
</tr>
<tr>
<td><strong>Involve patient in discussion of reason for his/her visit.</strong></td>
<td><strong>“Tell me what brings you in today.”</strong></td>
</tr>
<tr>
<td>• Invite the patient to tell you their reason for visit in his/her own words.</td>
<td><strong>“I see in your chart that you are having some troubles with your knee. Tell me about that.”</strong></td>
</tr>
<tr>
<td>• Verify that the information the patient has given you is consistent with the information on their chart.</td>
<td></td>
</tr>
<tr>
<td>• Encourage the patient to tell you about any additional concerns they may have</td>
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</tbody>
</table>
Using Open-ended and Direct Questions

Open-ended questions require more than just a one-word answer and are therefore useful to doctors who want to: obtain more information about and better understand their patient, save time by eliminating the need to ask several different questions, and make the patient feel involved during an interview.

Direct questions, or closed-ended questions, typically require a yes/no response or a specific answer. When used alone, direct questions may limit the amount of information a doctor obtains from a patient and the patient may feel interrogated rather than interviewed. However, when used in combination with open-ended questions, direct questions allow the doctor to clarify pieces of information shared by the patient and to gather pertinent details relevant to the patient’s response.

It is important for doctors to use a balance of open-ended and direct questions throughout the interview. Direct questions come naturally to most people whereas using open-ended questions sometimes require more effort. This exercise will help you practice converting direct questions into open-ended questions.

<table>
<thead>
<tr>
<th>Direct Question</th>
<th>Direct Question restated as an Open-ended Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Are you getting at least 8 hours of sleep each night?</td>
</tr>
<tr>
<td></td>
<td>How have you been sleeping lately?</td>
</tr>
<tr>
<td>1.</td>
<td>Is the pain sharp or dull?</td>
</tr>
<tr>
<td>2.</td>
<td>Were you doing anything physical when this pain came on?</td>
</tr>
<tr>
<td>3.</td>
<td>Are you married?</td>
</tr>
<tr>
<td>4.</td>
<td>Do you work?</td>
</tr>
</tbody>
</table>
The first visit for a patient is a crucial encounter that can either lead to the development of a therapeutic patient-doctor relationship or end in dissatisfaction on both sides and the search for another care provider. The medical interview goes well beyond the capture of medical information in order to make a diagnosis. It is the foundation upon which the physician’s relationship with the patient is constructed. The interview is filled with opportunities for patients to share information about themselves and for the physician to get to know the patient, so that the patient becomes a person, not just a medical problem. By understanding the patient, who they are, and the expectations they have of the doctor, the doctor can formulate the appropriate medical judgments for that particular patient, as well as derive satisfaction from a healthy patient-doctor relationship.

Patient-doctor communication is comprised of the verbal and non-verbal processes through which a doctor obtains and shares information with a patient, thereby developing a therapeutic relationship. While communication with a patient may seem straightforward and intuitive, an effective patient-doctor interaction can be quite challenging. It is up to the doctor to find out about the patient and their medical issues regardless of how difficult or complex the patient’s history may be. When the doctor understands the patient in his or her own context, they are able to provide good care.

All patient-doctor interactions are influenced by the expectations of both parties. If the doctor has unfair expectations of the patient, or the interaction is affected by bias or unfair judgment, then an effective relationship will never develop. Likewise, if the patient’s expectations of the doctor are not met, the patient will not develop enough respect or trust for the physician to accept his/her suggestions. **The patient must feel at all times that they are treated with respect.** Doctors’ expectations of their patients should be fair, unbiased and without judgment.
Common expectations patients have for their physicians are:

**Primary Expectations**-
- Clinical Competence

**Secondary Expectations**-
- Professional
- Respectful
- Polite
- Sincere
- Interested
- Effective Verbal and Non-verbal Communication Skills

Behaviors that satisfy these expectations, as well as serve to develop rapport with the patient include: being well groomed, addressing the patient by name, introducing oneself, setting an agenda, avoiding judgmental behaviors, responding to the patient with empathy, appropriate eye contact/facial expressions and posture.

**Communication Skills**-

**Basic Elements found in the medical interview/interaction with the patient.**

**Initial Encounter- The First Impression**
The patient, in the first few moments, will decide if he/she will feel comfortable with the doctor and most of this first impression is made not on what the doctor says, but how he/she says it and how he/she interacts with the patient.

<table>
<thead>
<tr>
<th>Be Prepared</th>
<th>Don’t fumble for a name after you are in the room. Never call a patient beyond the pediatric age group by their first name without permission, it is disrespectful.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make eye contact with the patient, shake hands, and introduce yourself</td>
<td>Indicate your role to the patient. If you are a medical student, make sure the patient knows that and does not assume you are the one in charge of their care. You cannot assume that the patient will know who you are.</td>
</tr>
<tr>
<td>Put the patient at ease and build rapport, set an agenda for the interview.</td>
<td>Most patients will be nervous meeting the doctor for the first time. If appropriate, you can consider an initial inquiry into non-medical areas of life to assist in developing a relationship with them as a person. Put the patient at ease by giving them an idea of what to expect during the interaction.</td>
</tr>
<tr>
<td>Sit down</td>
<td>Where you are positioned relative to the patient is important. It is intimidating to the patient for you to stand over them. The patient should not have to look up to you to make eye contact.</td>
</tr>
<tr>
<td>Let the patient tell their story</td>
<td>Ask the patient to explain why they are here.</td>
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**Conducting the interview**
As the patient explains the chief complaint and the history of the present illness, you can question the patient using the following skills and techniques:

<table>
<thead>
<tr>
<th><strong>Open-ended questions</strong></th>
<th>This is done to obtain general information (&quot;Tell me more about…&quot; &quot;Describe the pain for me...&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct/closed-ended questions</strong></td>
<td>Used as a follow up to open-ended questions (&quot;Did you experience…,&quot; &quot;Does the pain go anywhere?&quot;&quot;)</td>
</tr>
<tr>
<td><strong>Avoid leading questions</strong></td>
<td>Leading questions may suggest the desired answer to the patient.</td>
</tr>
<tr>
<td><strong>Ask one question at a time</strong></td>
<td>Presenting more than one question can be confusing to the patient.</td>
</tr>
<tr>
<td><strong>Keep the interview organized and use transition statements</strong></td>
<td>Try not to jump around from one topic to another. The patient should be able to understand what the purpose of any question is. <strong>Transition statements</strong> enable you to proceed to a new line of questioning smoothly. If you do forget some questions under a particular category or line of questioning, it’s okay to go back as long as you use a transition statement so the patient knows where you are going. (&quot;I'd like to go back and ask you a few more questions about your past medical history.&quot;)</td>
</tr>
<tr>
<td><strong>Learn about the patient and his/her family</strong></td>
<td>Do this formally and informally, during the course of the interview when discussing social and family history but also through an ongoing conversation with the patient. (What activities does the patient participate in? What, if any stressors exist that may be contributing to the patient’s medical concern? What sources of support could be utilized when developing a treatment plan?)</td>
</tr>
<tr>
<td><strong>Encourage the patient to ask questions</strong></td>
<td>This will further develop trust and enhance your relationship with the patient.</td>
</tr>
<tr>
<td><strong>Listen accurately to the patient</strong></td>
<td>It is often necessary throughout the course of the interview to verify what you have heard from the patient and elaborate on it. It is okay to repeat, rephrase, or paraphrase what the patient has said (&quot;...so you have had this pain for three weeks now and it really has you worried&quot;). This tells the patient that you are listening and understand what he/she is saying.</td>
</tr>
</tbody>
</table>
Responding to the Patient-
How you respond to the patient throughout the course of the interview will determine not only how much information you will elicit, but will also form the core of your ongoing working relationship with the patient. You will often have an opportunity to provide the patient with **empathy**, a key component of rapport building. Without empathy, the patient will never develop any trust that you understand and sympathize with their situation.

<table>
<thead>
<tr>
<th>Pay attention to the verbal and non-verbal clues from the patient that they may not be relating to the whole problem.</th>
<th>Verbal- It is often difficult for patients to disclose personal information about themselves or problems they may be experiencing. When the patient does reveal sensitive information, take a moment to explore what they have told you (“You mentioned you feel overwhelmed. Can you tell me more about that?”). Non-Verbal- The patient’s body language may be telling you something different from what the patient is saying. It is appropriate to point out discrepancies to the patient and elicit their understanding about their causes. For example, if you are interviewing a patient that is very fidgety, you can say, “You seem quite nervous. Can you tell me why you might be anxious?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid judgmental language or behaviors</td>
<td>As the patient’s physician, you must put aside your own beliefs and values and refrain from projecting them onto the patient. The medical problem or issue is not about you, but about the patient and their belief system and you need to understand it from their perspective.</td>
</tr>
<tr>
<td>Provide Encouragement</td>
<td>Praising patients also strengthens the patient-doctor relationship. Offer them praise (“It sounds like cutting back on smoking has been difficult for you, but I’m glad to hear you have not given up trying.”).</td>
</tr>
<tr>
<td>Build Partnership</td>
<td>This entails offering your support and that of other health professionals when appropriate.</td>
</tr>
<tr>
<td>Be aware of your non-verbal cues</td>
<td>Being attentive, making eye contact, and providing positive cues will encourage the patient to be open with you. Your body language should show that you are engaged; do not sit back in the chair, rather lean forward and pay attention.</td>
</tr>
</tbody>
</table>

Educating, negotiating and collaborating with the patient-
Once all the information is collected from the history, physical exam, and other tests, it is time to explain to the patient what you believe the problem to be and what the next steps should be. You need to explain this to the patient in language they can understand.

<table>
<thead>
<tr>
<th>Avoid the use of medical jargon or abbreviations</th>
<th>Unexplained medical jargon can have a negative effect on the patient’s ability to understand what is happening and what the appropriate next steps are.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascertain that the patient understands the information you have provided</td>
<td>You can do this by involving them in the conversation, not just talking AT them. Assessing the patient’s understanding can be done in a non-condescending way by simply asking, “What will you tell your family about today’s visit?”</td>
</tr>
<tr>
<td>Elicit the patient’s feeling or concerns about the information provided</td>
<td>For example, “What thoughts do you have about this so far?” and respond appropriately.</td>
</tr>
<tr>
<td>Collaborate with the patient</td>
<td>Although you can explain your recommendation, do not assume that the patient will automatically agree with you. The plan needs to conform to the patient’s understanding, belief system and values.</td>
</tr>
<tr>
<td>Discover potential barriers</td>
<td>You, as the physician, must be sensitive to the patient’s concerns and must explore any reason why they would not be comfortable with a given plan (“What obstacles/factors would prevent you from being able to comply with this plan?”)</td>
</tr>
</tbody>
</table>
Closing the interview-
At the end of the interview, it is important for you to establish that both you and the patient understand what occurred and what the plan is going to be.

<table>
<thead>
<tr>
<th>Summarize the encounter</th>
<th>Do this for the patient and to get their agreement of the summary.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer the patient’s questions</td>
<td>The patient should leave knowing that all of their concerns have been addressed.</td>
</tr>
<tr>
<td>Confirm partnership</td>
<td>The patient needs to be able to depend on the fact that you will be there in the future for them.</td>
</tr>
<tr>
<td>Provide your initial thoughts</td>
<td>In any given situation, you may need to discuss the plan with your supervising physician. However, if appropriate you should provide the patient with your initial opinion.</td>
</tr>
<tr>
<td>Discuss next steps</td>
<td>This could include a discussion with your supervising physician, setting up a follow-up appointment, or at the very least welcome the patient back to see you again.</td>
</tr>
</tbody>
</table>

Conclusion-
These basic elements of the medical interview:
- handling the initial encounter
- conducting the interview
- responding to the patient
- educating, negotiating and collaborating with the patient
- closing the interview

…all construct the paradigm known as patient-doctor communication. Performed well and in earnest, the patient is likely to reward your effort with their honesty, trust, respect, loyalty and confidence. This exchange of mutual respect and understanding will pave the way for a long and satisfying professional relationship.
The Standardized Patient being interviewed in the small group activity will portray the patient scenario below. Each student will have an opportunity to ask questions at various points in the interview. Use the scenario provided as a guide to prepare your interview questions. Keep in mind that the primary focus of this activity is on how you communicate with the patient rather than on the content of what is communicated to the patient. Therefore it is important to consider the questioning techniques you will use to gather patient information as well as the interpersonal skills you will use to respond to the patient’s expressed worries or concerns. Review the handouts and exercises contained in this resource to learn more about these techniques and skills.

CASE SUMMARY: Lisa Thomas is suffering from severe headaches.

BEGINNING THE INTERVIEW: Introduce yourself as a medical student, verify the patient’s name, and establish rapport with the patient; then ask the patient to tell you what brought him/her in to the doctor’s office.

TAKING THE HISTORY: Obtain the patient’s chief complaint, history of present illness, past medical history and family history. It is also essential that you obtain a careful personal/social history; make inquiries about potentially relevant fixed and/or acquired risk factors. You will not be required to conduct a full review of systems. Remember that the goal of this interview is to practice medical interviewing and communication skills. Use appropriate questioning techniques throughout the interview to gather the patient’s information. Also be attentive to the patient’s displayed verbal and non-verbal cues and acknowledge their expressed worries or concerns. The following should serve as a general guide as you prepare your questions for this patient:

**Chief Complaint:** Severe headache that has been persisting for 1 week.

**History of Present Illness:** Prepare to elicit the following information incorporating a focused review of systems where appropriate.
- Quality
- Location
- Severity
- Radiation
- Timing
- Context
- Modifying factors
- Associated signs and symptoms

**Past Medical History:** Prepare to elicit info pertaining to any previous illnesses, hospitalizations or surgeries.

**Family History:** Prepare to elicit any significant illnesses (problems similar to the patient’s current issues, malignancies, etc…) present in the patient’s family.

**Social History:** Prepare to explore the following with the patient as well as any other pieces of their social history you think may be relevant or helpful in understanding the patient’s HPI.
- Work status
- Family status
- Recent changes in lifestyle
- Stressors
- Habits (tobacco, drinking, illicit drugs, exercise, etc.)

ENDING THE INTERVIEW: Ask the patient if he/she has additional concerns or questions. To close the interview, you should summarize your findings for the patient. Then end the interview with a closing statement similar to the following example: “I will review this information with one of the staff physicians, and we will be back in shortly to talk more with you.”
Preparing an Outline

It may be useful to prepare an outline that you can use during the small group activity. Write out questions that you would ask this patient during the interview based on the information provided. Consider also how you would open and close an interview with this patient. When preparing the outline, think about the skills you will use to facilitate the interview (organizational skills, questioning techniques, eliciting and responding to the patient’s concerns, etc.). Refer to the article about Patient-Doctor Communication included in this resource. In other words, how will you organize your questions so that the interview is clear to both you and the patient? How will you form your questions in order to get the most useful information from the patient? How can you find out what concerns the patient might have and how can you address those concerns in a way that establishes rapport with your patient?

Opening the Interview:

History of Present Illness:

Past Medical History:
Family History:

Social History:

Closing the Interview:
Medical Interviewing:
One-on-One Standardized Patient Exercise Guidelines

Congratulations! You are about to have your first experience formally interviewing a patient on your own as a student physician. You have had the opportunity to interview a patient in a small group, but now you will practice those skills individually. This exercise and all other Standardized Patient Instructor exercises are designed to help you become comfortable with your role as the student physician and for you to practice your interviewing and communication skills.

This exercise utilizes a unique instructional model, the Standardized Patient Instructor (SPI). The SPIs have been trained to both simulate a specific patient role and to provide you with feedback on your interviewing technique and your communication skills. They are, in fact, both patient and instructor and are properly named “Standardized Patient Instructors.” It is important to remember that you should remain in the role of student doctor throughout the interview and likewise, the SPI will remain in the role of patient. Once the interview is completed, both you and the SPI will break role and you will receive feedback.

Intended Learning Outcomes for the Medical Interview:

The Medical Interview exercise has been designed to accomplish two primary objectives:

1. To provide you with the opportunity to practice your medical interviewing technique.
2. To provide you with the opportunity to practice establishing a doctor-patient relationship and to begin developing effective communication skills.

Intended Learning Outcomes:

ILOs inform you of the knowledge, skills and professional behaviors the faculty expect you to be able to display throughout this exercise. The SPIs will assess your performance in each of the following areas:

Knowledge:
1. Students should be aware of the essential components of effective Doctor-Patient Communication.
2. Students should be aware of the components of a thorough medical history, including History of Present Illness, Past Medical History, Family History and Social History.

Skills:
Students should demonstrate the ability to:
1. Open the interview appropriately.
2. Establish and maintain rapport with the patient.
3. Elicit a relevant medical history from the patient.
4. Demonstrate active listening skills throughout the interview.
5. Close the interview appropriately.
**Professional Behaviors:**
Students should demonstrate:
1. Attentiveness and empathy throughout the interaction with the patient.
2. Awareness of and sensitivity to the patient’s health concerns.
3. Openness and receptiveness to feedback.

**Exercise Guidelines and Instructions:**
- Please dress appropriately and wearing your white coat.
- This exercise will take approximately one hour of your time
  - You will have 25 minutes to complete the interview.
  - You will spend approximately 30 minutes evaluating your own performance and receiving feedback from the SPI.
- Please note that this exercise does NOT involve any type of physical examination. It is strictly an interview exercise.
- You may bring your own prepared notes to the interview, but you are not allowed to bring any portion of the booklet into the room with you.
CASE SUMMARY: J. Taylor is suffering from abdominal cramps and constipation of several weeks duration.

BEGINNING THE INTERVIEW: Introduce yourself as a student doctor and verify the patient’s name, establish rapport with the patient and then ask the patient to describe his/her symptoms.

TAKING THE HISTORY: Once you have heard the patient’s description of his/her symptoms, you should obtain a history of the present illness, assuming a probable digestive systems disorder. It is also essential that you obtain a careful personal/social history; make inquiries about potentially relevant fixed and/or acquired risk factors. Then do a selective review of symptoms (see the guidelines below). Remember that the focus of the interview should be on practicing the medical interviewing communication skills stressed in the small group activity. Early in the interview, be sure to ask questions which may help in establishing rapport with this patient (e.g. "...To help me get to know you better could you tell me a little about your family?"). Note taking is encouraged (as long as it is not disruptive to the flow of the interview); however a formal write-up is not required.

The following should serve as a general guide as you prepare your questions for this patient:

Chief Complaint: Constipation and abdominal pain

History of Present Illness: (Seven Core Dimensions)
- Location
- Quality
- Severity
- Timing
- Context
- Modifying factors
- Associated signs and symptoms

Past Medical History: Adult illness possibly related to History of Present Illness (HPI)

Family History: Any significant illnesses (problems similar to the patient’s current issues, malignancies, etc…) present in the patient’s family.

Social History:
- Work status
- Family status, including recent changes
- Psychosocial issues

Review of Systems
General:
- Weight loss
- Appetite
- Sleeping habits

Gastrointestinal:
- Change in bowel habits
- Nausea

Reproductive:
- Menstrual patterns-if applicable

ENDING THE INTERVIEW: Ask the patient if he/she has additional concerns or questions. To close the interview, you should summarize your findings for the patient. Then end the interview with a closing statement similar to the following example: “I will review this information with one of the staff physicians, and we will be back in shortly to talk more with you.” You are not expected to deliver a diagnosis or develop a treatment plan. At this time you should conclude the interview and begin to exit the room (although you do not need to actually exit the room). The SPI will then break role and a feedback session will take place between you and the SPI.
# Medical Interviewing: Physician’s Communication Behaviors During the Medical Interview

<table>
<thead>
<tr>
<th>Sequence Of Topics</th>
<th>Empathy/Rapport</th>
<th>Suggestions of Communication Techniques</th>
<th>Organization/Transition Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening the Interview: Chief Complaint</strong></td>
<td>&quot;I understand that you have been experiencing abdominal pain. I'm interested to hear more about that from you.&quot;</td>
<td>&quot;Tell me your reason for coming in today.&quot;</td>
<td>&quot;Now that I better understand the reason for your visit today, I'd like to ask some specific questions about your symptoms and then obtain some information about your medical and social history.&quot;</td>
</tr>
<tr>
<td><strong>History of Present Illness (HPI)</strong></td>
<td>&quot;It sounds like you are very worried about the pain you have been experiencing.&quot;</td>
<td>&quot;Describe the pain for me.&quot;</td>
<td>&quot;We've talked about your current symptoms (summarize what was discussed) and now I would like to ask about your medical history.&quot;</td>
</tr>
<tr>
<td><strong>Past Medical History (PMH)</strong></td>
<td>&quot;I'm interested in learning more about any illnesses you or any family members have had.&quot;</td>
<td>&quot;Tell me about any hospitalizations you have had.&quot;</td>
<td>&quot;Now I'd like to take an opportunity to learn more about you and your family.&quot;</td>
</tr>
<tr>
<td><strong>Social History</strong></td>
<td>&quot;This pain must be a nuisance for you at work and home.&quot;</td>
<td>&quot;Describe to me what a typical day is like for you.&quot;</td>
<td>&quot;Sometimes there is a relationship between our life experiences and our health. I'm going to ask some questions about any changes you've noticed lately.&quot;</td>
</tr>
<tr>
<td><strong>Review of Systems</strong></td>
<td>&quot;I am concerned about your health and any recent changes that you have noticed lately.&quot;</td>
<td>&quot;Tell me what your appetite has been like since this pain started.&quot;</td>
<td>&quot;We have certainly discussed a lot of important things so far today. Let's go over the highlights together to make sure I haven't missed anything.&quot;</td>
</tr>
<tr>
<td><strong>Summarize Interview</strong></td>
<td>&quot;I'm sure you are anxious to find out what is causing this pain.&quot;</td>
<td>&quot;So far, we have discussed _______.&quot;</td>
<td>&quot;Before I go to review this information with a staff physician, do you have any questions or is there anything else you would like to discuss?&quot;</td>
</tr>
</tbody>
</table>

These are **SUGGESTIONS ONLY** and **SHOULD NOT** be asked verbatim during the interview.
Medical Interviewing: Additional Reference Materials

# Medical Interviewing Small Group
## Standardized Patient Case Content Outline

<table>
<thead>
<tr>
<th>Case Name</th>
<th>Lisa/Lawrence Thomas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender/Age</td>
<td>Male or Female 50 (if older use your own age)</td>
</tr>
<tr>
<td>Presenting Situation</td>
<td>L. Thomas has come to the clinic complaining of a “severe headache.”</td>
</tr>
</tbody>
</table>

## Patient Symptoms

<table>
<thead>
<tr>
<th>Onset</th>
<th>One week ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character</td>
<td>Sharp, stabbing</td>
</tr>
<tr>
<td>Duration</td>
<td>Constant, but severity changes, today less painful but still present</td>
</tr>
<tr>
<td>Location</td>
<td>Right side of head, directly over the eye, extending over to the near right temple.</td>
</tr>
<tr>
<td>Radiation</td>
<td>None. No neck pain or pain anywhere else.</td>
</tr>
<tr>
<td>Intensity</td>
<td>Pain ranges in intensity 4-6 out of 10, today at a 4</td>
</tr>
<tr>
<td>Alleviating factors</td>
<td>Tried 2 Tylenol every 6 hours 2 days ago with no relief. Yesterday tried 2 Excedrin every 6 hours, also without relief.</td>
</tr>
<tr>
<td>Aggravating factors</td>
<td>bright lights, loud noises, moving around a lot</td>
</tr>
<tr>
<td>Precipitating events</td>
<td>Recently was given more responsibilities at work. Were at work when headache first came on.</td>
</tr>
<tr>
<td>Associated Symptoms</td>
<td>Nausea (no vomiting), blurred vision, especially in right eye.</td>
</tr>
</tbody>
</table>

## Medications

- Estrogen Topical **Cream**-Premarin
- Occasionally Tylenol (for minor headaches)
- Occasionally Benadryl (for allergies)

## Past Medical History

- Has a moderate allergy to cats, and takes Benedryl occasionally. Causes itchy eyes, stuffiness, headache, but nothing like this.
- Vaginal dryness treated with topical Estrogen Cream (Premarin) applied 1 to 2 times per week, applied to decrease discomfort with intercourse-make sure you tell the students this is a cream
- If still menstruating (in real life) say that it has been more than a year since your last period. If you are post menopausal, use personal history of LMP
- No previous surgeries
- Overall healthy

## Family History

- Mother is healthy
- Father had prostate cancer. It was successfully treated with radiation 5 years ago and he has been fine ever since.

## Social History

- **Tobacco:** None
- **Alcohol:** Socially, on weekends. 2-3 drinks per week
- **Occupation:**
  - Human Resources Specialist for Comerica Bank.
  - You sort resumes, conduct interviews for clerical jobs. Conduct
### Medical Interviewing Small Group
#### Standardized Patient Case Content Outline

<table>
<thead>
<tr>
<th>Work and Educational Background</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>some training and informational in-services on employee benefits.</td>
<td></td>
</tr>
<tr>
<td>• Usually work 40hrs/week, but lately have been working 50-55.</td>
<td></td>
</tr>
<tr>
<td>• Recently two co-workers were laid off and your work load has increased; also preparing for a presentation.</td>
<td></td>
</tr>
<tr>
<td>• College educated from local state college in human services.</td>
<td></td>
</tr>
<tr>
<td>• Attends regular religious service (SP’s choice)</td>
<td></td>
</tr>
</tbody>
</table>

**Leisure activities:**
- You enjoy catching a movie or dinner with friends.
- Reading or insert own interest

**Home Life:**
- You are unmarried, single, you do have a boyfriend that you date on occasion, not a serious relationship.
- Engages in sexual activity-practices safe sex with use of condoms
- You own your own condominium. Currently remodeling the condo's kitchen.
- You have one sibling, a sister. She and her two kids ages 10 and 12, are staying with you right now, while she is going through a divorce. It’s been about 2 months and it’s wearing on you. Their long term stay has made it difficult for you to entertain friends and to have “private time” with your boyfriend.

**Social support:**
- Your parents separated a couple of years after graduating from college, both have remarried
- You are in close contact with your family who is in the area; you see them about 2x a month.
- Good support from both male and female friends; some from college, others from work.

**Sleep pattern:** You try to go to bed no later than midnight most nights. During the week you wake up at 6:30am in order to be at work by 8:00am. On weekends you stay up much later. You have not been sleeping well since the headache began.
<table>
<thead>
<tr>
<th><strong>Demeanor</strong></th>
<th><strong>Really miserable, slightly worried.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>You are articulate, educated, generally friendly, but not very talkative right now. You have subdued demeanor demonstrating that you aren't feeling well. May occasionally wince at the light. You didn't sleep very well last night, so you feel tired and worn out.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expressed Emotions</strong></th>
<th><strong>What brings you in today?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been having this really bad headache that won’t go away. I’m very concerned about it and thought I should come in.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expressed Emotions</strong></th>
<th><strong>Have you ever had a headache similar to this?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>No, in fact, that’s why I’m worried about it.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expressed Emotions</strong></th>
<th><strong>How has this interfered with your day to day activities?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>It’s very difficult to get anything done at work because the lights in the office really bother me. I’ve had to leave work early one day because the pain was so bad. I have so much work to do! I can’t afford the time off!</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expressed Emotions</strong></th>
<th><strong>How have you been sleeping?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not well. The pain kept me up last night so I’m feeling really tired and worn out now. I just want things to feel normal again!</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Expressed Emotions</strong></th>
<th><strong>Do you have any questions for me?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m just scared about what this could be. Do you think it’s a tumor?!</td>
<td></td>
</tr>
</tbody>
</table>

| **Objectives** | Get the students to acknowledge your stressors and possibly make the correlation between stress and headaches |

| **Level Designed for** | M1 Medical Interview Small Group Exercise |
Medical Interviewing Standardized Patient Training- Sample Agendas

Session #1 (3-4 hours):

- Welcome and Introductions

- Introduction to the Medical Interview-
  - The Student’s Perspective
    - Previous knowledge
      - Small Group Medical Interview
      - CFM/Lecture
  - Medical Interviewing Basics
    - Educational Case
    - Focus on Communication

- Session Logistics and Timing
  - Interview
  - Break Role/complete Evaluation
  - Feedback

- The Role- 1 hour 20 minutes
  - J. Taylor-note taking activity
  - Break/study-15 minutes
  - Role play activity-15 minutes
  - Video-25 minutes

- Introduction to the Checklist-
  - PowerPoint-10 minutes
  - Discussion-15 minutes
  - Video Examples-15 minutes
  - Score Videos-30 minutes
Session #2 (3-4 hours):

- Introduction to Feedback
  - What is feedback?
    - PowerPoint Presentation
    - Video Example of constructive feedback
    - Video Activity
      - Show video of patient/student interaction
      - Attendees score and complete feedback flow chart
      - Role-play feedback Activity

- Logistical Reminders
  - Door Instructions
  - Paper/clip board
  - Curriculum evaluation reminder
  - Commendation & Student Concern

Session #3 (3-4 hours):
Practice Interviews—“Dress Rehearsal” interviews for SPs. SP Educator reviews each SPs’ performance.

Session #4 (3 hours):
- Discussion of Challenges from Practice Sessions
  - Role questions
  - Scoring challenges
  - Feedback situations

- SP Self Video Review and Reflection Assignment

- SP performance evaluations
SP Training: Introduction to the Medical Interview
M1 Medical Interviewing Exercise

- First Year Medical Students
- First one-on-one interview with an SP
- Interview Only-no physical examination
- Focus on communication skills only
- Chief Complaint-Abdominal Pain/Cramps
Essential Standardized Patient (SP) Qualities

- Accuracy
- Consistency
- Realism
- Ability to Provide Constructive Feedback
Typical Session Logistics

- 2 Students per session
- 25 minute Interview
- 10-15 minutes evaluation time
- 20-25 Minutes for feedback
- Break
- Repeat
Payment

- **Training**

- **Session pay rate**
  - Session = 3 hours, 2 students

- **“What if” scenarios affecting pay**
  - Will not be paid for a cancelled session if notified in advance
  - Will not receive two hour minimum if decision to work a half a session is made by you, will receive 1.5 hours
SP Expectations

- Arrive 15 minutes early
- Check board for room assignment
- Sign in
- Contact office as soon as possible with schedule conflicts
- Check your e-mail/messages often
Goals of the Medical Interview

1. To provide the student with the opportunity to practice his/her medical interviewing technique
2. To provide the student with the opportunity to practice establishing a doctor-patient relationship and to begin developing effective communication skills
Importance of the Medical Interview

- Primary Care Physicians may do between 120,000 & 160,000 in a professional career
- The interview is the major medium of care
- It determines the problem
- It forms the doctor-patient relationship

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Typical Interview Organization

- Opening the Interview
- History of Present Illness (HPI)
- Past Medical History
- Social History
- Review of Systems
- Summary
Student’s Skills

- Open the interview appropriately
- Establish and maintain rapport with the patient
- Elicit a relevant medical history
- Demonstrate active listening skills throughout
- Close the interview appropriately
The Role

Who is J. Taylor and why is she/he visiting the doctor?
Reason for Visit

- Recent episodes of abdominal pain and cramping
  - “I’ve been having stomach cramps for awhile, so I thought I should come in.”
History of Present Illness

- Timing of pain
- Describe the pain
- Modifying factors
- Other symptoms?
- Location of the pain?
Past Medical History

- Surgeries?
- Hospitalizations?
- Medications?
- Chronic Illnesses?
- Previous episodes of similar pain?
Social History

Possible Questions
- Married
- Family life
- Smoke
- Drink
- Exercise
- Diet
- Sex
- Work

Demeanor
- Worried
- Stressed
- Anxious
- Show visual cues, tap foot, wring hands, etc
Family History

- Health of
  - Parents?
  - Siblings?
  - Children?
  - Spouse?
SP Demeanor

- Worried & Anxious—especially when discussing recent job loss and its effect on your home life.

- How can you demonstrate this demeanor to the students?
Flow of Conversation

- “I have been having stomach cramps for a while, so I thought I should come in.”
- “Things haven’t been very good lately with all the worrying about the plant closing and my job loss. My husband/wife and I are arguing over little stuff more often. We haven’t done that in a long time.”
Flow of Conversation

- “Could this all be in my head?”
- “Am I making myself sick?”
- “Do you think it will get worse?”
Tips for Portraying J. Taylor

- Pause and think before answering a question
- Only answer the question that is asked
- Use names of real family members
- Put yourself in Joan/John’s shoes
Reminders

- Never Break Character
- Stick to the script
- Insert emotional cues
Video Example
Communication Skills

- Initial Encounter
- Facilitating Skills
- Questioning Technique
- Achieving Rapport and Responding to emotions
- Conclusion
The Checklist

- Communication Skills Only
- Use as a Guide for Feedback
- Educational Tool
  - Serves as a foundation for future learning expectations
Questions?

Reminders:
Next training
### Medical Interviewing
#### Standardized Patient Case Content Outline

**J. Taylor**

<table>
<thead>
<tr>
<th>Case Name</th>
<th>J. Taylor (Joan or John)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender/Age</td>
<td>35-60 year old male/female</td>
</tr>
<tr>
<td>Presenting Situation</td>
<td>Intermittent abdominal cramps and constipation.</td>
</tr>
<tr>
<td>Reason for Visit</td>
<td>Patient complains of intermittent stomach cramps beginning about 4-5 weeks ago. <em>“I've been having stomach cramps for awhile, so I thought I should come in.”</em></td>
</tr>
</tbody>
</table>
| Patient Symptoms | - Sharp cramping and pain in lower stomach.  
|                  |   - Location: Lower stomach/belly area  
|                  |   - Quality: Pain is described as sharp, cramping.  
|                  |   - Severity: 7/10; incapacitating—you generally have to stop what you are doing to accommodate the pain.  
|                  |   - Context: Pain most often occurs 10-20 minutes after eating a meal or a snack; pain has occurred in the morning prior to eating, though.  
|                  |   - Onset: 4-5 weeks ago  
|                  |   - Duration: each episode lasts 30 minutes to an hour  
|                  |   - Frequency: 2-3 times per day  
|                  |   - Aggravating/Alleviating (Modifying) Factors: Food seems to be the aggravating factor—you can’t pinpoint any one food or type of food as problematic because the episodes occur almost every time you eat. Tried Pepto-Bismol once without any relief.  
|                  |   - Other Associated Symptoms  
|                  |     - Constipation: Stools are normal in color, no blood present. Stools can be described as pellet or ribbon-like. Bowel Movements have decreased from 5-6 times per week to 2-3 times per week and are uncomfortable due to straining.  
|                  |     - Feel bloated and uncomfortable  
|                  |     - Slight loss of appetite, no weight loss noted.  
|                  |     - Occasional loose stools (once every 1-2 weeks)  
|                  |   - Anxiety  
|                  |     - Feeling “tense” much of the time  
|                  |     - Get “upset” easily  
|                  |     - Occasionally feel “stressed out” |
| Medications      | No regular medications or supplements. Tried Pepto Bismol once with no relief. |
| Past Medical History | - No known chronic illnesses.  
|                  | - Hospitalized for tonsillectomy as a child.  
|                  | - Had regular childhood illnesses (mumps, measles, chicken pox), but nothing unusual.  
| Medical Interviewing  
Standardized Patient Case Content Outline  
J. Taylor |
|---|
| **Menopause**-five years ago (if applicable)  
**Have had similar symptoms (cramping/constipation) before, 2 years ago. The symptoms were less severe and the duration was much shorter, “it just went away.” Episodes occurred during a stressful time in your marriage/life, “like the time my husband/wife and I weren’t getting along too well.” |
| **Family History**  
No significant history. No history of colon cancer or bowel problems. |
| **Social History**  
**High school graduate.**  
**Married for 20 years, “but things haven’t been very good lately since I lost my job at the plant. My husband/wife and I are arguing over little stuff more often. We haven’t done that in a long time.”**  
**If under 55-Two children living at home (use your age to determine your children’s ages; ad lib names and genders).**  
**If over 55- Spouse’s elderly parent lives with you-in general good health but cannot drive. Since your layoff, you have taken over all of the responsibility for his/her care. You have two adult children who no longer live at home. Parent-in-law has lived with you for the past six months**  
**Joan: Worked at GM full-time for past 7 years as a stock clerk/bookkeeper until laid off six weeks ago (worked part-time while children were young).**  
**John: worked on the assembly line for 7 years until recently laid off a month ago.**  
**Spouse also works at GM (see appropriate job above). Not yet laid off, but feel that he/she will be soon as there is the potential for the entire plant to close.**  
**Social drinker when feeling better. 4-5 drinks a month.**  
**Quit smoking when (you or spouse) pregnant with first child.**  
**Drinks 6-8 cups of coffee throughout the day.**  
**Sexually active-with spouse only.**  
**Engage in sexual activity 1-2 times per week**  
**No history of sexual dysfunction or menstrual problems (if applicable)**  
**Active in church-First Presbyterian-attend church service as well as Bible study one a week (details can be adjusted based on SP demographics)** |
| **Your Typical Day**  
**Before layoffs**  
• Awake at 5:45AM on weekdays—drive kids to school, go to work.  
**After layoffs**  
• Awake at 5:45AM on weekdays—drive kids to school. |
| **Medical Interviewing**  
| **Standardized Patient Case Content Outline**  
| **J. Taylor** |

- You spend the day: job hunting, running errands, house/yard work
- Drive kids to after-school activities/Drive adult parent to appointments, errands, etc.
- Make dinner/clean up afterwards
- Help kids with homework and try to do more house/yard work
- Spouse and children help out with house/yard work occasionally, but “**most of it won’t get done unless I do it. I try and catch up with the house/yard work on weekends. I try to save some time for myself on Sunday afternoons, but lately it seems like I just have too much to do. My husband/wife thinks I should take on all of the household responsibilities since I don’t have a job, but I can’t do all of that AND look for a new job!**”
- Exercise—you try to walk a few times a week, but you usually don’t have the time.

<table>
<thead>
<tr>
<th><strong>Demeanor/General Appearance</strong></th>
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<tbody>
<tr>
<td>Worried and concerned about illness, but particularly concerned about the impact of job loss on the family.</td>
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<tr>
<td>Visible affect: worry, anxiety, nervousness when discussing psychosocial and economic situations. <strong>You should visibly demonstrate the affect of this patient (i.e. worry, anxiety, nervousness) by wringing your hands, playing with rings, having difficulty sitting still, etc...</strong></td>
</tr>
<tr>
<td>Seeking concern and sensitivity from the student—you should appear to relax a bit when the student addresses you with empathic statements (i.e. “this must be a very difficult time for you” or “I can see that you’re very worried about this.”), but remain anxious and withdrawn to the student who is task oriented.</td>
</tr>
<tr>
<td>General Appearance: neatly dressed in casual clothing.</td>
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<tr>
<th><strong>Scripted/Cued Responses</strong></th>
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<tr>
<td>Please use the following response at any time during the interview if the student suggests a connection between emotional factors (stress) and physical symptoms OR if the student fails to discuss psychosocial issues’ impact on health: <strong>“My husband/wife thinks that I’m making myself sick. Could this all be in my head?”</strong></td>
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<tr>
<th><strong>Student Objective</strong></th>
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<tbody>
<tr>
<td>To acquire necessary information and to develop a trusting rapport with the patient.</td>
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<tr>
<th><strong>Flow of Conversation</strong></th>
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<tr>
<td>I have been having stomach cramps for a while, so I thought I should come in.</td>
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<tr>
<td>Things haven’t been very good lately with all the worrying about the plant closing and my job loss. My husband/wife and I are arguing over little stuff more often. We haven’t done that in a long time.</td>
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<tr>
<td>Methods for Evaluating Performance</td>
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| Level Designed for | End of M1 year |

- Could this all be in my head?
- Am I making myself sick?
- Do you think this will get worse?
### A. INITIAL ENCOUNTER:

**Opening the Interview**

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</table>
| 1. | D | ND  | Addressed patient by name  
D = Used patient’s first AND last name OR last name only  
ND = Used first name only OR did not use patient’s name |
| 2. | D | ND  | Introduced him/herself by name and role  
D = Used first name OR last name AND title  
ND = Used name only OR title only OR did not provide introduction |
| 3. | D | ND  | Involved patient when discussing reason for visit (open OR closed ended verification)  
D = Asked what brought patient in OR verification (open or closed ended) of chart  
ND = No verification before asking patient questions |
| 4. | D | ND  | Set an agenda for the interview  
D = Described what the structure of the interview would entail  
ND = Never described what the structure of the interview would entail |

**Changes**

- "Hello Mr./Mrs./Ms. Taylor, I’m Joe Smith a first-year medical student who will be working with you today."  
"What do you prefer to be called?"  
Or  
"How would you like to be addressed?"

- "Tell me what brings you in today?"  
Or  
“I’ve looked at your chart and see that you’re experiencing stomach pains, can you tell me a little more about that?"

- “Today I am going to ask you a few questions about your symptoms and medical history. After our discussion, I am going to share that information with my attending physician.”

**B. FACILITATING SKILLS (used continuously throughout interview):**

**Conducting the Interview**

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| 5. | D | NI ND  | Conducted the interview in an organized manner  
D = All three of the following were present: logical progression, transition statements, efficient pacing  
NI= Interaction lacked one of the following: logical progression, transition statements, efficient pacing  
ND= Interaction lacked all of the following: logical progression, transition statements, efficient pacing |

**Changes**

**Organization:** 1) Opening. 2) Reason for visit (CC). 3) HPI. 4) PMH. 5) Family Hx 6) Social Hx. 7) Review of Systems 8) Closing

**Transitional Statements:** “We’ve just talked about your symptoms, now I’d like to ask you a few questions about your past medical history.”  
“Before we start talking about your family history, is there anything else you would like to add or ask?”

**Pacing:** Patient should feel that the interview flowed at a reasonable rate
### Questioning Techniques

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<th>D</th>
<th>NI</th>
<th>ND</th>
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| 6. | Used open & closed ended questions effectively  
    | D = Demonstrated a balance of open AND close ended questions  
    | NI = Used an imbalance of open AND close ended questions  
    | ND = Overwhelmed patient with close ended questions |

- **Open-Ended:** “Tell me what a typical day is like for you.”  
  “How did you feel about that?”  “Describe your household.”
- **Closed-Ended/Direct:** “Where exactly does it hurt?”  
  “How long has that been going on?”  “Do you work?”
- **Leading:** “You don’t eat spicy foods, do you?”
- **Multiple:** “When did the pain start, how long does it last, and does anything make it better or worse?”

### Achieving Rapport and Responding to the Patient’s Emotions

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<th></th>
<th>D</th>
<th>NI</th>
<th>ND</th>
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</table>
| 10. | Student’s demeanor was appropriate for the situation.  
   | D = Student’s demeanor was appropriate for the situation  
   | ND = Student’s demeanor was inappropriate for the situation |
| 11. | Elicited or explored patient’s emotions (emotion-seeking)  
    | D = Elicited patient’s emotions at any time during the interview  
    | ND = Never elicited patient’s emotions during the interview |
| 12. | Expressed understanding of patient’s emotions (legitimizing)  
    | D = Expressed understanding and/or validated patient’s emotions  
    | ND = Never expressed understanding and/or validated patient’s emotions |
| 13. | Reinforced positive behaviors (praising)  
    | D = Reinforced positive behaviors (praising)  
    | ND = Never reinforced positive behaviors |

- **Matching:** Intentionally or unintentionally done to quickly build rapport with the patient.
- **Emotion Seeking:** “How did that make you feel?” or  
  “You look rather anxious, can you tell me what you are feeling right now?”
- **Legitimizing:** “I can sure understand why you would feel worried about that.”  “It must feel overwhelming to have so many responsibilities.”  “It’s understandable that you are concerned about this pain.”
- **Praising:** “It sounds like this pain is causing you a lot of discomfort. I’m really glad you came in to see us today about it.”  “It’s good that you are still trying to find a job even when you’re in such pain.”
### Verbal Skills

14. **D** **ND** Checked for accuracy during interview (paraphrasing)

   **D** = Checked for accuracy at least once during the interview

   **ND** = Never checked for accuracy during the interview

15. **D** **ND** Avoided inappropriate language (including slang and unexplained medical jargon)

   **D** = Never used inappropriate language (slang/unexplained medical jargon) during the interview

   **ND** = Used inappropriate language (slang/unexplained medical jargon) at any time during the interview

16. **D** **ND** Avoided false reassurances.

   **D** = Never provided false reassurance to the patient

   **ND** = Provided any false reassurance to the patient

17. **D** **ND** Avoided judgmental behavior (including tone, facial expressions and/or verbal statements)

   **D** = Never exhibited judgmental behavior during the interview

   **ND** = Exhibited judgment at any time during the interview

### Non-verbal Skills

18. **D** **ND** Professional Attire/Presence

19. **D** **ND** Maintained appropriate eye contact

   **D** = Eye contact was comfortable

   **ND** = Eye contact was insufficient OR excessive

20. **D** **ND** Used effective body language (posture/proximity)

   **D** = Appropriate posture AND appropriate proximity

   **ND** = Lacked appropriate posture OR appropriate proximity OR both

### Paraphrasing:

Signals to pt that they have been heard and allows pt to express additional info.

### Questions Throughout:

Patient is invited to ask questions multiple times during the interview and feels that the student is welcoming and sincere. (quantity and quality)

### Medical Jargon:

Medical terminology can confuse pts and create feelings of inadequacy.

### False Reassurances:

Lead to a false sense of security.

“I’m sure we’ll be able to find out what the problem is.”

### Judmental language:

Talking down to the patient. Using language inappropriate for age of patient. Making statements that make the patient feel criticized.

“You shouldn’t worry so much. You’re not the only person to be laid off recently.”

### Attire/Professional Presence:

Clean white coat, slacks, shirt, tie, skirt, etc.

### Eye Contact:

Avoided focusing on other objects for prolonged periods of time i.e. clipboard, wall, ceiling, shoes.

### Body language:

Sat forward in chair, facing patient, avoided crossing arms or resting arm on counter, maintained appropriate distance
### C. CONCLUSION:

**Closing the Interview**

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<th>D</th>
<th>N</th>
<th>D</th>
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<tr>
<td>21.</td>
<td><strong>D</strong></td>
<td><strong>N</strong></td>
<td><strong>N</strong>D</td>
<td>Summarized the interview (<em>history and exam when applicable</em>)&lt;br&gt;D = Provided a brief synopsis of important points of interaction&lt;br&gt;NI = Provided insufficient OR excessive detail&lt;br&gt;ND = Omitted a summary</td>
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<tr>
<td></td>
<td>“Well Mr./Mrs./Ms. Taylor, we’ve talk about a lot of things today. I’d like to take a minute to review some of the important points with you to make sure I’ve gotten everything correct...”</td>
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<td>22.</td>
<td><strong>D</strong></td>
<td><strong>N</strong></td>
<td><strong>N</strong>D</td>
<td>Asked for additional questions and/or concerns&lt;br&gt;D = Phrasing encouraged patient to ask questions or express concerns&lt;br&gt;NI = Phrasing discouraged me from asking questions or expressing concerns&lt;br&gt;ND = No opportunity provided</td>
</tr>
<tr>
<td></td>
<td>“Do you have any other questions for me at this time?”&lt;br&gt;“Are there any other concerns you would like to discuss?”</td>
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<tr>
<td>23.</td>
<td><strong>D</strong></td>
<td><strong>N</strong></td>
<td><strong>N</strong>D</td>
<td>Reviewed next step(s)&lt;br&gt;D = Clear&lt;br&gt;NI = Unclear&lt;br&gt;ND = Not addressed</td>
</tr>
<tr>
<td></td>
<td>“I’m going to go and get the attending to come in to speak with you now. I will be back in just a moment.”</td>
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<tr>
<td>24.</td>
<td><strong>D</strong></td>
<td><strong>N</strong></td>
<td><strong>N</strong>D</td>
<td>Closed interview (<em>closing salutation</em>)&lt;br&gt;D = Closing salutation was appropriate&lt;br&gt;NI = Closing salutation was awkward or disjointed&lt;br&gt;ND = No closing salutation was provided</td>
</tr>
<tr>
<td></td>
<td>“Thank you for coming in. It was nice seeing you”</td>
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</table>

25. As an SPI, how comfortable did you feel with this student overall (excluding medical content)?

- ☐ A = Extremely Comfortable
- ☐ B = Comfortable
- ☐ C = Neutral
- ☐ D = Uncomfortable
- ☐ E = Extremely Uncomfortable

If you indicate uncomfortable or extremely uncomfortable (*D* or *E*) a concern note indicating your specific concerns must be completed.
SP Training: Feedback
What is Feedback?
Feedback occurs...

“When a student is offered insight into what he or she actually did as well as the consequences of his or her actions.”

Jack Ende, MD
Feedback is…

- Informed
- Non-evaluative
- An objective appraisal of performance
Guidelines for Feedback

- Giver and Receiver should be allies with common goals
- Should be…
  - limited to two or three items
  - targeted to behaviors the student can change
  - supported by examples
  - related to the checklist and the student’s perception of the experience
Before Feedback
Ask yourself how the student performed on ....

- Opening the Interview
- Organization
- Questioning Techniques
- Achieving Rapport and responding to the patient’s emotions

Verbal Skills
Non-Verbal Skills
Closing the Interview

What impact did the student’s performance have on the patient?
Opening the Feedback

- Introduce yourself and set an agenda
- Obtain student’s impression in own words

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Conducting Feedback

- Offer praise – be specific, use examples and effects.

- Use open ended questions
  - “Tell me about….”
  - “How do you think….”
  - “What ways could you….”

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Conducting Feedback

- Respond to student’s non-verbal and verbal body language

- Express understanding of emotions
  - “It’s understandable that you’re nervous.”
Conducting Feedback

- Use transition statements
  - “We’ve talked about your organization, now let’s talk about the closing.”
Closing Feedback Session

- Ask student for questions/check for understanding

- Summarize the discussion
  - “So we have talked about X, Y and Z…”
  - “What will you take away from our discussion?”
Feedback Tips

- Avoid words such as “Should, Could, Ought, Need to”
- Have the learner think of and express solutions and alternatives
- Conduct feedback in a professional and conversational manner
- Substitute “and” for “but”
Feedback Tips

- Use appropriate silence

- Use “I” statements
  - Please avoid “they” as in they want me to tell you…
Feedback Tips

- Remember how unnerving it can be to be observed and tested
- Be kind, gentle, supportive and constructive
- Role Play Works!
- Do not share with the student what score you gave them
Flow of Conversation

1. “What do you think went well?”
2. “Which part do you think could have been better?”
3. “How would you do that differently?”
4. “What did you learn from this exercise?”
5. “Let’s go back into role and try _____ again.”
Questions?
Opening Feedback:
- Break role and introduce yourself
- Explanation of evaluation and feedback procedure
- Agenda setting

Elicit Student’s Perception of Performance:
- +:
- -:

+ Observations:
- Observations:

Interactive Discussion:

Role Play/Re-enactment:

Concluding Feedback:
- Questions?
- What have they learned?
- Summary
- Online Evaluations