SCHOOL OF MEDICINE
CLINICAL SKILLS PROGRAM
2009

MASTER INTERVIEW RATING SCALE (MIRS)
INTERVIEW TECHNIQUES
Long Form

ITEM 1 - OPENING

[5]	[3]	[1]
The Learner introduces himself, clarifies roles, and inquires how to address the patient. Uses patient's name.	The Learner's introduction is missing a critical element.	There is no introduction.

Note:
The opening of the visit begins with the introduction of self, clarification of roles, and inquiry of how to address patient. The interviewer uses a combination of non-verbal approaches plus a suitable verbal greeting, putting the patient at ease.

The opening question identifies the problems or issues that the patient wishes to address.

Example: *"Hello, I'm Carol Redding,* (shaking patient's hand*) a medical student working with Dr. Lee; I'm learning how to interview patients. We haven't met before – which would you prefer, Mrs. Black or Phyllis? Are you comfortable right now? What would you like to discuss today?"*

ITEM 2 - ELICITS SPECTRUM OF CONCERNS

[5]	[3]	[1]
The Learner elicited the patient's full spectrum of concerns within the first few minutes of the interview.	The Learner elicited some of the patient's concerns on his chief complaint.	The Learner failed to elicit the patient's concerns.

Note:
It is very important for the interviewer to elicit the patient's full spectrum of concerns other than those expressed in the chief complaint within the first few minutes of the interview. To ensure that the *full* spectrum of concerns has been obtained, it's important to find out if there's anything else the patient wishes to discuss until the patient says, "No."

Making sure in the beginning of the interview that all of the issues that the patient wishes to address have been elicited helps the interviewer to prioritize. This aids in making a time-efficient, patient-centered encounter.

ITEM 3 - NEGOTIATES PRIORITIES OF CONCERNS AND SETS AGENDA AT BEGINNING OF INTERVIEW

[5]	[3]	[1]
The Learner fully negotiated priorities of concerns, listed all of the concerns, and set the agenda at the onset of the interview. An agenda was negotiated between the Learner and the patient.	The Learner elicited only partial concerns and therefore did not accomplish the complete patient agenda for today's visit. **OR** The Learner set the goals.	The Learner did not negotiate priorities or set an agenda. The Learner focused only on the chief complaint and only took only the physician's needs into account.

Note:
The interviewer ascertains the patient's concerns. In negotiating priorities, a balance may need to be struck between the patient's concerns and the doctor's medical understanding of which problems might be more immediately important. An agenda is negotiated between the interviewer and the patient. In agenda setting and negotiating, the patient should not be told what is going to occur, but share in making an agreed plan. This technique enhances time-efficiency and patient rapport.

ITEM 4 - ELICITING THE NARRATIVE THREAD OR THE PATIENT'S STORY

[5]	[3]	[1]
The Learner encouraged and let the patient talk about the patient's problem(s). The Learner did not stop the patient, nor introduce new information.	The Learner began to let the patient tell the patient's story, but either interrupted with focused questions or introduced new information.	The Learner failed to let the patient tell the patient's story. **OR** The Learner set the pace with a Q&A style, as opposed to a conversational style.

Note:
After an agenda is set, the interviewer should encourage the patient to talk about his or her problem(s), in her or his own words. The interviewer listens attentively without interrupting - except for encouragement to continue - until the patient has finished talking about her or his problem(s).

This technique is an effective tool for data gathering, time-efficiency, and rapport building. It allows the patient to tell their story and can help the interviewer gain a large amount of needed data in a short amount of time.

Example: *"Tell me what's been going on with these headaches, Mrs. Black, from when your symptoms first started to now."* Then, sit back and listen. Often onset, frequency, progression, etc., can be obtained.

ITEM 5 - TIMELINE

[5]	[3]	[1]
The Learner obtained sufficient information so that a chronology of the chief complaint and history of the present illness could be established. The chronology of any associated symptoms was also established.	The Learner obtained some of the information necessary to establish a chronology. The Learner failed to establish a chronology for any associated symptoms.	The Learner failed to obtain information necessary to establish a chronology.

Note:
The timeline pertains to the information contained in the chief complaint and history of the patient's current illness. To obtain a timeline, the interviewer should inquire when the patient was last free of this problem, and then follow the progression of the first signs and symptoms to the present. By carefully following the chronological progression of the complaint, the interviewer will avoid missing important information. If several symptoms are reported, it is important that their chronological relationship to each other be determined. The interviewer need not gather the information in a chronological order or all at once, as long as the information needed is obtained during the interview.

Example: A 56-year-old male presents with chest pain on the left for two hours. The patient's chest pain first occurred two years ago but only upon exertion and disappeared after a few minutes. One year ago the pain increased in intensity and was diagnosed as angina pectoris. Nifedipine (l0 mg) qid was taken and the pain stopped occurring one month later. The patient continued to take Nifedipine (l0) bid and is currently doing so. Two hours ago the patient experienced chest pain on the left and one hour ago the patient experienced sweating, faintness, palpitations and the pain radiated to the left shoulder.

ITEM 6 - QUESTIONING SKILLS - TYPES OF QUESTIONS

[5]	[3]	[1]
The Learner began the information gathering with an open-ended question, which was followed up by more specific or direct questions. Each major line of questioning was begun with a open-ended question. No poor questions were asked.	The Learner often failed to begin a line of inquiry with open-ended questions, but rather employed specific or direct questions to gather information. **OR** The Learner used a few leading, why, or multiple questions.	The Learner asked many why questions, multiple questions, or leading questions.

Note:
An **open-ended question** is a general question that allows the interviewer to obtain a large amount of information about a particular area. This type of question should be used to begin a line of inquiry. After the interviewer has obtained information, he should follow up with more focused and direct questions.

Direct or specific questions are used to focus in on pertinent information that needs to be more specific. Other types of direct questions typically elicit a "yes" or "no" answer from the patient, or a response to a choice that the interviewer has provided.

To gain accurate information in an organized and efficient manner, the interviewer should follow a line of inquiry that progresses from the open-ended to the specific (e.g., starting with, "*Tell me about the things that are stressful to you*," followed with specific questions).

Here is an example of a line of inquiry utilizing the various types of questions.
Interviewer (I): *"Tell me about your problem." (Open-ended)*
Patient (P): *"For two weeks, I've been having a constant pain in my stomach, right here (points), above my navel."*
I: *"Tell me about the pain." (Open-ended)*
P: *"It's a burning sensation."*
I: *"Is it a deep pain?" (Direct)*
P: *"It's a very deep one."*
I: *"Does the pain seem to travel around?" (Direct)*
P: *"No."*
I: *"Tell me what makes the pain feel worse?" (Open-ended)*

The interviewer should avoid using direct or (particularly) forced choice questions in beginning a line of inquiry because it restricts the possible flow of information and makes obtaining the necessary information a tedious task.

Furthermore, incorrect use of questions may result in erroneous information or omission of pertinent data. The interviewer should avoid these kinds of questions:

Leading questions are questions that tend to supply a particular answer for the patient. The desired answer is implied by the way the question is phrased. They should also be avoided because acquiescent respondents may tend to agree with the leading questions rather than contradicting the interviewer. (E.g., "*You haven't had any nausea, have you?" "No headaches*?")

"Why" questions often put the patient on the defensive and should be avoided. (E.g., "*Why haven't you come in before now when you've had the problem for six weeks*?")

Multiple questions are a series of short questions asked in succession without allowing the patient to answer each individually. The patient can then become confused about which questions to answer. (E.g., "*Does the pain feel like it's as sharp after dinner or is it different than before dinner*?) Multiple questions can also be one question listing many options (e.g., "*Has anyone in your family ever had cancer, diabetes, heart disease, or high blood pressure*?").

ITEM 7 - QUESTIONING SKILLS – VERIFICATION OF PATIENT INFORMATION

[5]	[3]	[1]
The Learner always sought clarification, verification, and specificity of the patient's responses.	The Learner did not always seek clarification, verification, and specificity of the patient's responses.	The Learner failed to clarify or verify the patient's responses, accepting information at face value.

Note:
In the interest of gaining as accurate a case history as possible, the interviewer must **verify and clarify** the information given to him by the patient. The **clarifying** of statements that are vague or need further amplification is a vital information-gathering skill.

Clarifying: Example*:" Can you explain what you mean by 'weak.'"*

The use of **verification** to clear up apparent inconsistencies is also a vital information-gathering skill:
Example: *"I'm confused; you said you'd never been short of breath before, but now you said this suffocating feeling feels like when you were short of breath last year. Can you clear that up for me?"*

If responses from the patient include specific diagnoses or medications, it is the task of the interviewer to ascertain if the patient knows how the diagnosis was made or determine the quantity of medication.
Example: *"You said you were allergic to penicillin. How do you know that?*

ITEM 8 - LACK OF JARGON

[5]	[3]	[1]
The Learner asked questions and provided information during the interview in language which was easily understood. The content of the interview was free of difficult medical terms and jargon. Words were immediately defined for the patient. Language was used that was appropriate to the patient's level of education.	The Learner occasionally used medical jargon during the interview and failed to define the medical terms for the patient unless specifically requested to do so by the patient.	The Learner used difficult medical terms and jargon throughout the interview.

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Note:
One of the skills of an interviewer is the ability to communicate with the patient. It is necessary to substitute jargon or difficult medical terms with terms known to lay persons.

The interviewer may make erroneous assumptions about the patient's level of sophistication on the basis of one or two medical terms that the patient uses during the interview.

Jargon may also be misleading to a patient who does not want to admit to the doctor that he doesn't understand the question, (i.e., "Was it a productive cough?"). Therefore, the interviewer should define questionable terms.

Additionally, the interviewer should be aware of different educational levels. By keeping these things in mind when communicating with the patient, information will be clearer and long-term compliance easier to obtain.

ITEM 9 - PATIENT'S PERSPECTIVE (BELIEFS)

[5]	[3]	[1]
The Learner elicited the patient's perspective on his illness, including his beliefs about its beginning. **F**eelings, **I**deas of cause, **F**unction, and **E**xpectations were asked.	The Learner elicited some of the patient's perspective on his illness. **AND/OR** The learner did not follow through with addressing beliefs.	The learner failed to elicit the patient's perspective.

Note:
It is very important for the interviewer to elicit the patient's perspective on his illness in order for it to be effectively diagnosed and treated. The patient's beliefs about the beginning of his illness may affect his ability to talk about his symptoms or to understand the diagnosis. Gaining the patient's perspective can also uncover hidden concerns.

One method of eliciting patient's beliefs is to encourage the patient to discuss **FIFE:**
Feelings: addresses the patient's feelings about each of the problems
Ideas: determines and acknowledges patient's ideas (belief of cause) for each of the problems
Function: determines how each problem affects the patient's life.
Expectations: determines patient's goals, what help the patient had expected for each problem
● Does NOT have to be scripted
● Ideas asked first may sometimes elicit feelings
● Expectations may be incorporated into the shared agenda at the interview's onset
● Function may help elicit information in the HPI

Interviewer - *"What do you think is going on?"*
Patient - *"I'm worried [***Feelings***] that I may have cancer [***Idea***]."*
Interviewer - *"What makes you think it may be cancer?"*
Patient - *"My uncle died of stomach cancer one year ago."[***Hidden concern***]*
Interviewer - *"I'm sorry to hear about your uncle. I can certainly understand your concern. I hope we can get to the bottom of what's going on.[pause] How has this stomach problem been affecting you at work and home?"[***Function***]*
Patient – *"Well, aside from the bothersome pain, I'm preoccupied with wondering what is making me sick."*
Interviewer - *"Besides wanting to find out the cause of this problem, what can I do to help?"[***Expectations***]*

ITEM 10 - IMPACT OF ILLNESS ON PATIENT AND PATIENT'S SELF-IMAGE

[5]	[3]	[1]
The Learner inquired about the patient's feelings about her or his illness and if/how it has changed the patient's life. The learner explored these issues. The learner offered counseling and/or resources to help the patient cope with these changes.	The Learner partially addressed the impact of the illness on the patient's life or self-image. **AND/OR** The Learner offered no counseling or resources to help the patient cope with the changes.	The Learner failed to acknowledge any impact the illness on the patient's life or self-image.

Note:
The interviewer must address the impact on self-image that certain illnesses may have. For example, a patient who has had a mastectomy may have a different self-image after her surgical procedure. This could certainly affect the way she views herself. The interviewer should explore these issues in depth to the satisfaction of the patient. The interviewer also addresses counseling or recommends resources after discussing impact and self-image, if appropriate.

ITEM 11 - IMPACT OF ILLNESS ON FAMILY

[5]	[3]	[1]
The Learner inquired as to the structure of the patient's family, and addressed the impact of the patient's illness and/or treatment on the family. The Learner explored these issues.	The Learner recognized the impact of the illness and/or treatment on the family members and lifestyle, but failed to explore these issues.	The Learner failed to address the impact of the illness and/or treatment on the family members and lifestyle

Note:
Depending on the diagnosis, as well as the information obtained during the personal history, there could be a tremendous impact of the patient's illness on the family and the family's lifestyle. An example of this would be a patient with a diagnosis of cancer. This would certainly affect family members and family lifestyle because of the need for frequent treatment, side effects of drugs, potentially decreased family income, etc.

The interviewer must address this issue and explore it in depth to the patient's satisfaction.
Example:
Interviewer: *"You have told me that your child cries all through the day and night. Who else is at home is affected by this?"*
Patient: *"My husband and my mother. They cannot sleep and my husband is starting to miss work."*
Interviewer: *"OK, let's discuss ways to relieve this stress at home..."*

ITEM 12 – SUPPORT SYSTEMS

[5]	[3]	[1]
The Learner determined what emotional and financial support the patient feels he has at the present time. The Learner also inquired about other resources available to the patient and his family and suggested appropriate community resources.	The Learner only determined some of the support available. **OR** The Learner assumed support is available without actually determining if it is, in fact, available.	The Learner failed to determine what support is currently available to the patient.

Note:
The Learner should explore the patient's means of financial and emotional support. These support systems might include other family members, friends, and the organization in which she or he works. These are current resources which could be employed immediately. The interviewer may suggest other community resources including charitable organizations, self-help groups, etc., not yet thought of or known to the patient.
Examples:
"The tests that I mentioned can be expensive; are you concerned about this?"
"It sounds like you've been through a difficult time. Do you have someone that you can talk to?"
"Is there anyone that you think can help you with the children until you're feeling better?"

ITEM 13 – VERBAL FACILITATION SKILLS AND ENCOURAGEMENT

[5]	[3]	[1]
The Learner used facilitation skills throughout the interview, when appropriate, which included use of short statements, reflection, echoing, clarification, and/or confrontation.	The Learner used some facilitative skills, but not consistently or at appropriate times. Verbal encouragement could have been used more effectively.	The Learner failed to use facilitative skills to encourage the patient to tell his story.

Note:
It is important to actively encourage patients to continue their story-telling. Any behavior that has the effect of inviting patients to say more about the area that they are already discussing is a facilitative response. The interviewer follows up patient's initial story with focusing facilitation skills to broaden and complete the story. The use of short statements and echoing can be used to facilitate the patient to say more about a topic, indicating simultaneously that the interviewer is interested in what the patient is saying and that the interviewer wants them to continue. Additionally, the interviewer should use verbal encouragement to motivate the patient toward a cooperative relationship and continued health care throughout the interview.

Verbal Encouragement and use of occasional social praises such as: "*I'm glad you're doing a breast self-exam every month--it's very important as most women detect lumps themselves at home*" goes a long way towards increasing rapport and continued health care with the patient.

- The interviewer should use short statements such as, "*I see," "Go on," "Uh-huh," "Tell me more,"* to encourage patients to continue talking about their problem.
- The interviewer should use **echoing** (using a few words of the patient's last sentence) to encourage patients to elaborate on a topic.

Example:
Patient: *"I just couldn't take in a good breath."*
Interviewer: "*Did you feel as if you couldn't get your breath? Like you were suffocating*?"

ITEM 14 - NON-VERBAL FACILITATION SKILLS

[5]	[3]	[1]
The Learner put the patient at ease and facilitated communication by using: good eye contact; relaxed, open body language; and appropriate facial expressions. There were no physical barriers and physical contact was made with the patient, as appropriate.	The Learner made some use of facilitative techniques, but could be more consistent in that one or two techniques were not used effectively. A physical barrier was present.	The Learner made no attempt to put the patient at ease. The Learner's body language was negative or closed. Annoying mannerisms (foot or pencil tapping) intruded on the interview. Eye contact was not attempted or was uncomfortable.

Note:
Facilitative behavior can also be defined as how comfortable the interviewer makes the patient feel. This is done with verbal and non-verbal communication.

Non-verbal communication
The interviewer demonstrates appropriate non-verbal behavior, such as:

- Eye contact
- Body language
- Facial expressions
- Reduction of physical barriers
- Physical contact

The interviewer should be paying attention while avoiding staring at the patient or conducting the interview as if it were an interrogation. The same is true for non-verbal facilitative behavior and body language. The interviewer should never place a physical barrier between himself and the patient. He should lean forward in a listening posture when the conversation becomes intense. Avoid crossing arms or leaning backwards. For instance, if the interviewer crosses his arms while the patient relates his sexual history, this suggests something about the interviewer's receptivity to the patient and his problem.

Physical contact is sometimes appropriate during the interview. If a patient receives bad news or becomes upset, the interviewer may want to show support by touching the patient's hand or shoulder. They may also establish the same support by offering a tissue or a drink of water.

Use of notes: This is the interviewer's choice. Some interviewers like to ensure accuracy by making notes while speaking with the patient. If you choose to read a chart, write notes, or use a computer, do so in a manner that does not interfere with dialogue or rapport.

ITEM 15 – EMPATHY AND ACKNOWLEDGING PATIENT CUES

[5]	[3]	[1]
The Learner used supportive comments regarding the patient's emotions and provided the patient with intermittent verbal encouragement, such as verbally praising the patient for proper health care techniques. The Learner used NURS (Naming, Understanding, Respecting, and Supporting) to convey encouragement.	A few empathetic statements were used and the Learner was neutral, neither overly positive nor negative in demonstrating empathy during the interview. Verbal encouragement could have been used more effectively.	No empathy was demonstrated by the Learner. The Learner used a negative emphasis or openly criticized the patient. The Learner provided no encouragement.

Note: One of the key skills in building the doctor-patient relationship is the use of empathy. Of all the skills in consultation, this is the one most often thought by learners to be a matter of personality rather than skill. Although some of us may naturally be better at demonstrating empathy than others, the skills of empathy, like any other communication skill, can be learned. The key to empathy is not only being sensitive, but also demonstrating that sensitivity to patients so that they appreciate the understanding and support. To display empathy, the interviewer must actively acknowledge and follow-up on verbal patient cues, demonstrating to patients that they have been heard and understood. The patients are actively encouraged to express emotion. Empathic statements are supportive comments that specifically link the "I" of the doctor and the "you" of the patient. They both name and appreciate the patient's affect or predicament and express appreciation for the problem.

The use of **NURS** is an active technique used to demonstrate empathy and acknowledgement of patient cues:

- **N**aming emotion: "*It must be very **frustrating** to not be able to work right now"*
- Express **U**nderstanding [The goal here is to normalize or validate a pt's feelings or experience]: "*That **must** have been very difficult for **you**. **I'd** have felt that way too!"*
- Showing **R**espect: *"**I** can appreciate how difficult it is for **you** to talk about this."*
- Offering **S**upport [partnering/assistance, showing concern/sensitivity]: "***I'll** be working with **you** each step of the way."*

ITEM 16 - ENCOURAGEMENT OF QUESTIONS

[5]	[3]	[1]
The Learner encouraged the patient to ask questions at the end of a major subsection and gave the patient the opportunity to bring up additional topics or points not covered in the interview.	The Learner provided the patient with the opportunity to discuss any additional points or ask any additional questions, but neither encouraged nor discouraged the patient.	The Learner failed to provide the patient with the opportunity to ask questions or discuss additional points. The Learner may have discouraged questions from the patient.

Note:
It is important that the interviewer allow the patient an adequate opportunity to express questions during the interview. The interviewer should encourage the patient to discuss these additional points and ask questions by clearly providing an opportunity to do this.
Example - [near the beginning of the encounter]:
"If you have any questions at any time, feel free to ask." Then, as interview progresses: *"Before we move on, do you have any questions?"* This is usually done at the end of a major subsection of the interview, and repeated at the end of the interview.

ITEM 17 - ADMITTING LACK OF KNOWLEDGE

[5]	[3]	[1]
The Learner, when asked for information or advice that he is not equipped to provide, admitted to his lack of knowledge in that area, but immediately offered to seek resources to get answers.	The Learner, when asked for information or advice that he is not equipped to provide, admitted lack of knowledge, but rarely offered to seek other resources for answers.	The Learner, when asked for information which he is not equipped to provide, made up answers in an attempt to satisfy the patient's questions, and never referred to other sources.

Note:
The interviewer must be aware of his own level of experience as related to the information he is able to give to the patient. When asked for information or advice that he is not equipped to provide, he admits his lack of experience in that area. For example, a physician referring a patient to a cardiologist may lack knowledge about specialized cardiovascular testing. When questioned by the patient, he must admit lack of experience and immediately offer to seek a resource to answer the patient's questions. It's also important that a time-frame is established for getting back to the patient with the answers.

ITEM 18 - PATIENT EDUCATION AND UNDERSTANDING

[5]	[3]	[1]
The Learner used deliberate techniques to determine the patient's understanding of the information given to the patient during the interview, including the diagnosis. These techniques included asking the patient to repeat information, asking if the patient has any additional questions, posing hypothetical situations, or asking the patient to demonstrate techniques. Where patient education was a goal, the Learner determined the patient's level of education and interest and provided appropriate medical and technical information education accordingly.	The Learner asked the patient if he understood the given information, but did not use a deliberate technique to check the patient's understanding. The Learner made some attempt to check the patient's interest and understanding, but could have been more thorough.	The Learner failed to assess the patient's level of understanding and did not effectively correct misunderstandings when it was evident such a situation existed. **AND/OR** The Learner completely failed to address the issue of patient education and understanding.

Note:
Many times, patients who are labeled non-compliant may in fact not understand the information that is given to them. There are several ways to check the patient's understanding. The interviewer can ask the patient to repeat the information directly back to her or him, demonstrate techniques, or pose hypothetical situations to see if the patient will react appropriately. It is vital that when a patient must carry out therapy on his own without direct supervision, that he understands how to carry it out .

- Example: Interviewer: *"Now that I've shown you how to test the level of sugar in your blood with this monitor, will you show me how to use this so I can be sure that I explained it clearly?"*
- Example: Interviewer: *"Will you repeat back to me how to take your medicine so I know I have given you the correct information?"*

ITEM 19 - ASSESS MOTIVATION FOR CHANGES

[5]	[3]	[1]
The Learner inquired how the patient felt about change and offered options and plan for the patient's choice.	The Learner inquired how the patient felt about change but did not offer options and plan for the patient's choice. OR The Learner offers options and plans, but assumes the patient will follow the suggested changes.	The Learner failed to assess the patient's motivation for change and did not offer any options or plans.

Note:
It is important that the interviewer assesses how the patient feels about lifestyle/behavioral changes (taking medicine, changing diet and exercise, smoking cessation, etc.). Many interviewers assume patients will change their behavior without discussing it with them. This lack of communication may lead to return visits or non-compliance issues. Asking the patient about previous experiences, the patient's view of the importance to change, and the patient's confidence in ability to change will help to establish guidelines. Then the interviewer can provide information, as appropriate, based on the patient's needs. Offer a menu of options, emphasize the patient's ability to choose, and anticipate and plan for obstacles.

ACKNOWLEDGMENT:

Dr. Daniel Duffy, American College of Physicians
Stages of Readiness to Change

STAGE	DESCRIPTION	TECHNIQUES
Pre-contemplation	Not considering change	▪ Identify patient's goals ▪ Provide information ▪ Bolster self-efficacy
Contemplation	Ambivalent to changing	▪ Develop discrepancy between goals and behavior ▪ Elicit self-motivational statements
Preparation	Cognitively committed to make the change	▪ Strengthen commitment to change ▪ Provide a menu of options for change
Action	Involved in change (began changing behaviors)	▪ Identify new barriers ▪ Offer menu of options for reinforcing change
Maintenance	Involved in sustaining change (behavioral strategies are well learned and almost automatic)	▪ Check status ▪ Recognize relapse or impending relapse
Relapse	Undesired behavior returns	▪ Identify relapse ▪ Reestablish self-efficacy and commitment to change ▪ Learn from experience, develop new behavioral strategy
Termination	Change is no longer an issue	None

ITEM 20 - INVESTIGATIONS AND PROCEDURES

[5]	[3]	[1]
The Learner discussed all investigations and procedures and thoroughly explained the How, Why, and Outcomes of the procedures.	The Learner discussed some of the investigations and procedures, but the explanations were lacking in quality.	The learner failed to discuss any investigations or procedures.

Note:
If discussing investigations and procedures, the interviewer provides clear information on procedures (what is going to be done), including what patient might experience (Will it hurt or harm? How much? How long?), and how patient will be informed of results (when and how will the patient be informed of results and the meaning of the results). The interviewer relates procedures to treatment plan, value, and purpose. He encourages discussions of potential anxieties or negative outcomes.

Exploration of the patient's questions, concerns, and clear explanations of procedures facilitate the likelihood of compliance.

ITEM 21 - CLOSURE

[5]	[3]	[1]
At the end of the interview the Learner clearly specifies the future plans as to **What** the **Learner** will do (make referrals, order tests), **What** the **patient** will do (make diet changes, go to physical therapy) and **When** (the time of the next communication or appointment).	At the end of the interview, the Learner partially detailed the plans for the future.	At the end of the interview, the Learner failed to specify the plans for the future and the patient left the interview without a sense of what to expect. There was no closure whatsoever.

Note:
It is important that the patient feel that there is some closure at the end of the interview. The patient must be left with a definite feeling about **what** will happen next, **what** the interviewer will do, what the patient should do, and **when** the next communication between doctor and patient will occur.

Example:
*"I will go speak to Dr. Perone (**what**). If you want to change into a gown **(what),** we will be back together in a few minutes (**when**) to discuss your concerns."*

ITEM 22- ACHIEVE A SHARED PLAN

[5]	[3]	[1]
The Learner discussed the diagnosis and/or prognosis and negotiated a plan for the patient. The Learner also invited the patient contribute thoughts, ideas, suggestions, and preferences.	The Learner discussed the diagnosis and/or prognosis and the plan with the patient, but did not allow the patient to contribute.	The Learner failed to discuss and diagnosis and/or prognosis with the patient.

Note:
A shared understanding is achieved with the patient, including nature and significance of the problem. The patient's understanding about his prognosis also plays a role in treatment (e.g., someone whose uncle died from a perforated ulcer may well see a diagnosis of peptic ulcer as far more life threatening than the interviewer).

The interviewer involves the patient by making suggestions and encourages the patient to contribute thoughts, ideas, suggestions and preferences. A mutually acceptable plan is negotiated. The interviewer checks with patient if the plan is acceptable and addresses concerns.

To achieve a shared understanding several questions are answered:
1. What is the diagnosis ("*What has happened to me?*")
2. Etiology of the problem ("W*hy has it happened to me?")*
3. Prognosis of the problem ("W*hat is going to happen to me?*")

ITEM 23 – OVERALL INTERVIEW TECHNIQUE

[5]	[3]	[1]
The learner consistently used the patient-centered technique and mixed the patient-centered and physician-centered styles, promoting a collaborative partnership between the patient and doctor.	The Learner initially used a patient-centered style, but reverted to a physician-centered style by the end of the interview (rarely returning the lead to the patient). **OR** The Learner used all patient-centered interviewing techniques and failed to use any physician-centered styles. Therefore, the Learner did not accomplish a negotiated agenda.	The Learner did not follow the patient's lead and used only the physician-centered technique, thereby negating the collaborative partnership.

Note:
Use patient-centered interviewing techniques during the entire interview. The patient-centered approach promotes a collaborative partnership between patient and doctor. The collaborative partnership promotes a more equal relationship between patient and doctor, which enhances long-term compliance. The interviewer progresses from patient-centered to physician-centered technique to elicit all required information, but returns the lead to the patient whenever appropriate.

ITEM 24 - ORGANIZATION

[5]	[3]	[1]
Questions in the body of the interview followed a logical order for the patient.	The Learner seemed to follow a series of topics or agenda items; however, there were a few minor disjointed questions.	The Learner asked questions that seemed disjointed and unorganized.

Note:
The organization category refers to the structure and organization of the entire interview, encompassing the information gathered in the introduction (during which the student introduces himself and explains his role), the body of the interview, (chief complaint and history of present illness, past medical history, family history, social history, review of systems), and the closure (or the end of the interview, but not quality of the closure).

Questions in the body of the interview follow a logical order to the patient.

The interviewer imposes structure by systematically following a series of topics.

ITEM 25- PACING OF INTERVIEW

[5]	[3]	[1]
The Learner was attentive to the patient's responses and listened without interruption. The interview progressed smoothly with no awkward pauses. Silence may be used deliberately.	The pace of the interview was comfortable most of the time, but the Learner occasionally interrupted the patient and/or allowed awkward pauses to break the flow of the interview.	The Learner frequently interrupted the patient and there were awkward pauses which broke the flow of the interview.

Note:
The pacing of the interview should flow in a smooth and comfortable manner. The interviewer should be attentive to the patient and allow him ample time to complete his answers without interruption. Some delays, however, are necessary [such as in reflective thinking] and are an indication of good interviewing skills. A well-placed period of silence may encourage the patient to provide additional relevant data or to talk about sensitive issues that he might otherwise omit. For example, if the patient exhibits behavior indicating a need to gather his composure or to ponder certain points, a delay can be beneficial to an interview.

Interruptions may be necessary when a patient moves off the conversation topic. In this case, the interviewer should politely stop the patient by saying something to the effect, "I'm sorry to interrupt, but I'd like to ask you about…"

It is also important to note that a good interviewer does not fire questions at the patient so fast that the patient has little or no time to consider his answers.

ITEM 26 - TRANSITIONAL STATEMENTS OR "SIGNPOSTS"

[5]	[3]	[1]
The Learner utilized full transitional statements (What and Why) when progressing from one subsection to another.	The Learner sometimes introduced subsections with effective transitional statements but failed to do so at other times. **OR** Some of the transitional statements used were lacking in quality.	The Learner progressed from one subsection to another in such a manner that the patient was left with a feeling of uncertainty as to the purpose of the questions. No transitional statements were made.

Note:
Transitional statements are two-part statements used between subsections of the interview to inform the patient that a new topic is going to be discussed **(what)** and **(why)**.

Example: *"We've been talking about why you came to see me today.* **(What)** *Now I'd like to get some information about your own past medical history,* **(why)** *to see if it has any bearing on your present problem".* With this type of transition, the patient is not confused about why you are changing the subject and why you are seeking this information.

Transitional statements are also important for good communication skills. Poor quality or the complete lack of transitional statements can hinder the development of rapport between patient and interviewer, and can even result in the creation of a hostile or uncooperative patient.

ITEM 27- SUMMARIZATION

[5]	[3]	[1]
The Learner summarized the data obtained at the end of each major line of inquiry or subsection to verify and/or clarify the information and as a precaution to assure that no important data was omitted. The Learner occasionally repeated or duplicated questions only for purposes of clarification or summarization	The Learner summarized the data at the end of some lines of inquiry, but not consistently or completely, or attempted to summarize all the information at the end of the interview and was therefore incomplete. The Learner rarely repeated questions. Questions were repeated as a result of the Learner's failure to remember the data rather than for purposes of clarification or summarization.	The Learner failed to summarize any of the data obtained. The Learner constantly repeated questions.

Note:
When summarizing the Chief Complaint and History of Present Illness it is important to provide a detailed summarization to the patient. When summarizing the Family History, a brief general statement may be sufficient, especially for a negative or non-complex positive family history. Summarization of a body of information should be verified with the patient to make sure that all facts are correct.

When summarizing the Review of Systems, it is appropriate to summarize only the positives discovered (e.g., "*Other than a few headaches each month and the constipation that you treat by increasing the roughage in your diet, you appear to be fairly healthy. So it seems that our main task is to clear up the problem you're having with your back. Is this how you see the problem*?")

Summarizing data at the end of each subsection of the interview serves several communication purposes:

- It can be a way for the interviewer to "jog" his memory in case he has forgotten to ask a question.
- It allows the patient to hear how the interviewer understands the information.
- It provides an opportunity to verify what the patient has told the interviewer *["Just to recap, your headache started two days ago, has been on the left side, you rate it a pain level of six. Is this correct?"].*
- Verifying is done after summarization, but may also be utilized if the patient seems reluctant to interrupt, or in an effort to involve the patient in active listening.
- It provides an opportunity to clarify information obtained by the interviewer (e.g., "*I'm not sure I understand how much your problem has been interfering with your attendance at school. Could you tell me how many days you've missed since the onset of your problem*?").
- Summarizing also proves to the patient that the interviewer has been listening, thus strengthening both the interview and the relationship.

