Objective Questions

1. True

2. False: Eye contact is an important aspect in establishing a connection between the interviewer and the patient.

3. True

4. True

5. False: Most patients are unfamiliar with medical terminology and the language associated with a given medical specialty. During the interview you should use terminology that the patient will understand. A patient cannot provide accurate responses to questions they cannot comprehend.

6. False: Under HIPAA rules, a patient’s right to privacy must be protected at all times. The HCP should speak only with the patient, not a family member.

7. False: There may be no one true answer to a why question as a patient’s motivation is often quite complex. In addition, these questions may be perceived as confrontational. The patient may feel as though they have to defend themselves, and this is likely to inhibit further communication and damage the therapeutic relationship between the practitioner and the patient.

Short Answer Questions

1. There are three primary functions of the medical interview that include information gathering, relationship building and patient education.

2. In the primary care provider-only approach, the primary care provider interviews the patient themselves. In this way, the patient is required to relate their medical history only once. In the team approach, the patient is interviewed twice. The first interview is conducted by a member of the healthcare team, such as a nurse or a medical assistant. This is followed by a subsequent interview conducted by the primary care provider, such as a physician, physician assistant, or nurse practitioner. Typically, the second interview is more likely to focus on the chief complaint and other critical information. Although it is more time consuming, the team approach may result in a more thorough and complete medical record.

3. The practitioner-patient relationship is often an unequal one. Healthcare professionals are extremely knowledgeable about their area of practice and the patient is dependent upon this expertise. Therefore, it is helpful for you to equalize the relationship as much as possible. You should display an attitude of competence and professionalism and also communicate a sense of trust and confidentiality. The optimal situation is one in which
the patient feels comfortable enough to risk being candid about potentially sensitive topics. You can put the patient at ease even further by showing concern. A caring facial expression, an honest and genuine demeanor, and empathy will decrease the patient’s feelings of anxiety and helplessness.

4. Family members, including parents of small children, adult children of seriously ill or disoriented parents, as well as spouses and significant others, may be important sources of medical information. In addition, other healthcare team members and the medical record are excellent sources of accurate medical information regarding the patient in question.

5. Family members can provide important information about the health problem. Furthermore, family members may help communicate the patient’s concerns to the HCP, improve the HCP’s understanding of the patient’s problem, improve the patient’s understanding of the diagnosis and treatment, help the patient to remember clinical information and recommendations, express concerns regarding the patient, and assist the patient in making decisions.

6. In a face-to-face interview, you are able to observe any nonverbal behaviors exhibited by the patient. Important information such as posture, willingness to make eye contact, and physical or psychological distress may be obtained by closely observing the patient. These observations may be helpful in diagnosing the patient or in developing the treatment plan.

When conducting the interview on the telephone, the HCP may find it helpful to imagine that the interviewer and the interviewee are sitting back-to-back instead of face-to-face. In this case, the HCP is unable to observe the patient’s facial expressions, cannot make eye contact with the patient, and is unable to receive any other visual feedback, such as body language. Instead, the practitioner conducting the interview relies on the patient’s tone, pacing of speech and word selection in order to interpret their condition and attitude. It is important to note that the patient will also draw conclusions regarding the interviewer based on these factors. Care must be taken to avoid misinterpretation of any kind. A cold, aloof, overly formal telephone voice will likely cause the patient to feel put-off or as if they are bothering the medical staff. A warm, welcoming telephone voice is most likely to put the patient at ease and make them feel more comfortable during the course of the interview.

7. Closed questions may include: “Do you feel the pain at rest?” and “On a scale of one to ten where ten is the most painful, how would you describe the pain?”
Open-ended questions may include: “Can you tell me about any changes in your life that may be contributing to the pain, such as stress?” and “What conditions bring on the episodes of pain?”

Indirect statements may include: “Describe the nature of the pain” and “Describe when the pain occurs.”

8. Answers to the closed questions will likely involve one-word answers. The patient will answer “yes” or “no” for the first question and state a number between 1 and 10 for the second question.

Answers to the open-ended questions and responses to the indirect statements will be more elaborate and take the form of a narrative.

9. Paraphrasing allows the HCP to immediately verify their understanding of the patient’s comments. It also allows the patient to hear what their words sound like. As a result, the patient may want to clarify what they really mean to say. Paraphrasing helps to build rapport between the interviewer and the interviewee. It confirms that the patient is actually being listened to. Paraphrasing maintains focus on the patient. Finally, it may keep the patient talking and encourage them to elaborate on their comments.

10. Pinpointing involves the identification of specific symptoms or important medical information that will facilitate reaching an accurate diagnosis. This is accomplished by converting vague, general statements into clear, precise statements. The HCP needs to encourage the patient to be specific and accurate as quantified descriptions and statements are far more useful than those that are qualified.