

## **Introduction to Interviewing and Clinical Evaluation**

The goals of all initial medical interviews are:

- to make a diagnosis
- to develop a therapeutic relationship between patient and physician.

### **Diagnosis**

The diagnosis is based on an evaluation of the patient's signs (objective, from physical and mental status examinations) and symptoms (subjective reporting of "chief complaint" and "history of the present illness"). A complete evaluation should also include past psychiatric and medical histories, personal history (including background, family life, psychosexual development, educational and work experience, and personal relationships), and family history.

The formulation of the "differential diagnosis (the most likely diagnoses to explain the patient's history and objective findings) is completed at the end of the initial interview. The diagnosis is essential for presenting the patient with information regarding prognosis, and for determining treatment options.

### **Therapeutic Relationship**

Development of a therapeutic relationship requires the patient's trust and confidence in the physician. By definition, a therapeutic relationship is essential to treat the patient. In addition, a trusting relationship is necessary to obtain a complete history from the patient, which is essential for an accurate diagnosis and appropriate treatment plan.

The patient's ability to form a trusting relationship with the physician will depend in part on the patient's previous relationships with people in general and physicians in particular. In addition, the physician's conduct of the interview will obviously play a large part in determining the quality of the therapeutic relationship.

### **The Interview**

Pursuit of the two basic goals of the clinical interview can sometimes seem to be at odds with one another to beginning interviewers: reaching a diagnosis requires the physician to be curious and inquisitive, like a detective probing to get all the facts and fit the pieces together, while developing a therapeutic relationship requires the physician to be empathic and supportive.

In fact, a trusting relationship requires active, curious probing that can and should be done in a gentle way that actually enhances the patient's confidence in the physician, who is perceived as being interested in fully knowing and understanding the patient in order to help.

## Interviewing Guidelines

- 1) Don't forget basic social conventions and politeness. Make sure the setting for the interview is free of distractions, comfortable, and protective of the patient's privacy. Don't address patients by their first names.
- 2) Start with general and "open-ended" questions, such as "What brought you to the hospital?" The patient's concerns and understanding of his problems can then be elicited without being influenced by the direction of the interviewer's questions. As the patient responds to unstructured questions, the form of the patient's thoughts can be evaluated (will be discussed in mental status examination lecture).
- 3) Use more specific and focused questions as the interview continues, but try to avoid "closed-ended" and "multiple-choice" questions. Don't be afraid to politely interrupt the patient and help him focus on the information that you need to complete your evaluation. Knowledge of the "phenomenology" of psychiatric disorders (the characteristic signs and symptoms) allows for focused inquiries.
- 4) Try to avoid technical terms such as "chief complaint" or "precipitants" in your questions. Try to use the patient's own terms for his symptoms.
- 5) Brief silences and summaries of the patient's points allow the patient time to think and then give the physician additional information without the patient being barraged with specific questions.
- 6) Ask the patient for clarification with further explanation and specific examples whenever you're confused. In trying to appear both knowledgeable and understanding, interviewers tend to nod and say nothing as the patient makes a statement that either the physician doesn't understand or needs to make an assumption to understand. Technical terms such as "paranoid" and lay terms such as "nervous breakdown" should be defined by the patient, and unclear statements and connections should be explored.
- 7) Be attentive to the patient's emotional responses (affect) during the interview and note the topic during changes in affect. Such topics generally will provide crucial information if pursued.
- 8) Empathy and nonjudgmental acceptance of the patient's feelings and experiences help the patient to feel understood and enhance the rapport between physician and patient. While it is often tempting to reassure patients who elicit our sympathy, reassurance without basis tends to make patients feel misunderstood, and thus is not helpful.