SMALL GROUP SESSION 6A  
September 20th or 22nd  
HOSPITAL INTERVIEW

Readings: The Medical Interview, Chapter 4 and 5 (Past Medical History and Social History).  
Review presentation section from Session 3.

Prepare by:
- Wearing your white coat and name tag, and looking professional  
- Reviewing the content form (it’s different)  
- Mentors – prepare feedback for the students (already $\frac{1}{2}$ through semester!)

Brief outline:

Section 1.  Opening; discussion of exploratory  40 minutes  
Section 2.  Hospital interviews - 70 minutes  
Section 3.  Present and discuss interviews – 30 minutes  
Section 4.  Mid-semester feedback – 30 minutes  
Section 5.  Evaluation: 10 minutes

Next small group session is week of 10/3

Readings: “AA as a Resource for the Health Care Professional,” and “44 Questions ‘Helping Patients with Alcohol Problems.” This can be found at http://www.niaaa.nih.gov/publications/Practitioner/HelpingPatients.htm

Prepare by: Dressing professionally – there will be a recovering alcoholic coming to your group.  
Preparing your role-plays. Mentors will hand these out this week.

Assignments: Write up your patient from the hospital interview (sample write-ups are attached) as two parts, one page each: the history of present illness, the past medical history and the patient’s story. Turn them in to your mentors at next session. Come prepared next session to present your patient’s HPI and Past Medical History again, this time in a formal five-minute presentation.

AND: Research a learning objective based on your hospital interview. Come prepared to discuss what you learn with your group next session.
Part 1. Opening and discussion of exploratory experience (40 minutes)
Before going to your second hospital interview, discuss the addition of the past medical history to the HPI. Get some pointers from your Mentors on how to do this. Discuss what specific interviewing skills you would like to work on today.

Spend most of this time discussing the student’s exploratory experiences. The exploratory program, headed by Dr. Nadkarni, will provide us with questions to disseminate to you. Avoid discussion of logistical issues and problems; these should be referred to the Exploratory program.

Heads up – the week after exams, students will interview one standardized patient during an afternoon or evening when they are not in class. Students will receive their assigned time from the Clinical Skills Training and Assessment Program. Students will interview one patient. The interview will be video-taped. Students will be required to complete two self-evaluations (using the process evaluation form) – one immediately after completing the interview and another after reviewing their videotape. They will turn in these self-evaluations for credit (one point each), and will prepare a short presentation to the group. Their performance on the video-tape will not be graded. Please review this in group.

Part 2. Hospital Interviews (90 minutes)
Objectives
This week you will take a more extensive history while working on improving your interviewing skills. You will interview a hospital patient in pairs, then return to discuss your experience. Goals of this session include:

- to get to know a patient, and to understand how he or she is coping with illness and how the illness is affecting the patient and family
- to practice taking a history of present illness (HPI), a past medical history (PMH) and personal history of a patient
- to practice specific interviewing skills and observe how a patient responds to them
- to evaluate an interview done by a fellow student and give constructive feedback.

Logistics:

Part I: Interviews:

1. Each group will divide into three pairs of students. Each student of the pair will interview one patient while the other watches and evaluates the interview. If there are not enough patients, two of you will team-interview one patient and take turns evaluating each other. Mentors should observe interviews.

2. If possible, choose your partner the week before so you are ready to go this week.
3. **Look over the process interview evaluation form in advance.** Decide what areas you will try to work on today.

4. **Review the content interview form in advance.** Be aware of the patient information you should seek this week.

5. Robin Stevens will send you the **ward assignment and contact person** to find your patients for today – both by e-mail and on the web site.

6. Try to **limit the interview to half an hour** (45 minutes if you are both interviewing one person). Complete your evaluation of your partner’s interview while he/she is interviewing.

6. **Complete the process interview evaluation form** for your student partner and give him or her feedback.

**Part 3: Group Discussion and Presentations** (60 minutes)

1. **Meet as a group** at a preset time (in about an hour) to discuss your interviews. Discuss the interview. What did you learn about interviewing? What seemed to work well? What were your biggest problems? What did you learn about yourself?

2. Each student should now give a brief presentation about the patient you interviewed. This presentation should be a concise summary with two parts:

   - **The medical history:** a brief, usually chronological summary of the medical facts and symptoms of the patient’s illness. This week, include the **HPI** and the **PMHx**. The past medical history should include major past illnesses, surgeries, hospitalizations, and family history. The social history should include education and work history and family relationships.

   - **The patient’s story:** a brief summary of the patient’s view of the illness, of him- or herself and of how the illness has affected him or her.

**You will write up these presentations to hand in next week.** Sample write-ups are attached.
You will receive feedback (and a grade) on:
- Neatness and legibility (required) – write-ups must be word processed.
- Chief Complaint
- History of Present Illness: accuracy, organization and clarity
  - description of characteristics of symptoms or pain, including
    - quality
    - location and radiation
    - duration and timing
    - severity
    - setting and modifying factors
    - associated symptoms
  - clear, concise presentation, usually in temporal sequence
- Past Medical History
  - past medical illnesses
  - past surgeries
  - past hospitalizations
  - family history
- Social history
  - Occupation, education, living situation
- Psychosocial context (the patient’s story):
  - patient’s reactions to illness
  - effects of illness on patient’s life
  - effects on patient’s family
  - patient’s coping strategies

After presenting your patient, discuss your interview and your patient as a group. Then, choose a topic you will research for next week. This should be a question that you have about the patient you interviewed.

Write-up grading:

2 point: Write-up includes all pertinent elements of HPI, PMHx elements noted above and psychosocial context. It is well-organized and clear and gives a sense of the patient as a person and the course of the patient’s illness.

1 point: Write-up is sketchy in details of HPI, PMHx and psychosocial context, or it is not clearly organized, or does not give a sense of the patient as a person.

0 points: Not turned in.

Section 4. Mid-semester feedback
Provide feedback to students on the following objectives:\1

- Humanism, compassion, empathy
  - Does the student exhibit an openness to people from other backgrounds and beliefs? Does the student seek to better understand the human condition? Is the student able to exhibit characteristics of compassion and empathy when interacting with colleagues and with patients?

- Collegiality and (interdisciplinary) collaboration
  - Particularly as it relates to working with the group

- Continuing and lifelong self-education
  - Preparation for group; completion of research on patient questions

- Awareness of one's limits
  - Openness and responsiveness to feedback, capacity for self-reflection

- Ethical personal and professional conduct
  - Does the student attend to confidentiality? Does the student treat colleagues and patients in a respectful manner? Does the student exhibit qualities of professionalism – appropriate dress, language, attention to being on time, etc.

- Ability to engage and involve any patient in a therapeutic relationship
  - Is the student able to demonstrate empathy and compassion towards patients while interviewing?

This is also a good time for students to give feedback to the Mentors. What are the Mentors doing well? What could they do better?

**Part 5: Evaluation** (10 minutes): This week reflect on giving feedback to each other. As a physician, you will need to give feedback to colleagues about their clinical performance, often in situations that effect patient care and safety. Are you able to give specific positive and negative (or the preferred euphemism – “constructive”) feedback? What would help you give and receive feedback better from your colleagues?

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1 Adapted from the findings of the 1998 University of Virginia School of Medicine Task Force on Medical School Objectives.

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SAMPLE HISTORY OF PRESENT ILLNESS WITH PAST MEDICAL HISTORY

Chief Complaint: “I’m here for chemotherapy for my cancer.”

HPI: Mr. X is a 50-year-old man with soft tissue sarcoma. The tumor was discovered five months ago when Mr. X noticed a large lump in his left shoulder. He noted mild (3/10), constant, aching pain in the lump area starting four months ago, worse when he bumped into it accidentally. There was no radiation of pain. He had no associated fever, chills or loss of movement in the arm.

The lump grew rapidly, prompting him to seek medical evaluation. An MRI (magnetic resonance imaging) scan confirmed the tumor, and a surgical biopsy diagnosed it as a sarcoma.

Mr. X underwent two cycles of chemotherapy to reduce the size of the tumor. After the second round of chemotherapy, he developed pneumonia and lost his appetite. He lost 20 pounds and became dizzy, weak and fatigued. He also became depressed and began taking medication daily for this.

After he regained 15 pounds, Mr. X underwent surgery to remove the tumor and plastic surgery to reconstruct his shoulder. He is admitted for his third round of chemotherapy.

He was initially quite distraught about his illness, and not sure what he should do. He enjoys life, though, and finds a great deal of strength in his family. He thinks of himself as a “fighter,” and believes with the help of his family he can beat this cancer. Even if he doesn’t, though, he is going to enjoy his day to day life.

PMHx:
Medical Illnesses: Hypertension, allergic rhinitis

Hospitalizations: Following a car accident 30 years ago.

Surgeries: Right ankle “pinned” 30 years ago after broken in MVA.

Family History:
- Mother – Hypertension, type 2 diabetes, age 80
- Father - Heart attack, bypass surgery, age 74. Lung cancer, died age 82.
- Sister - Type 2 diabetes, age 54
- Brother – Hypertension, age 56
- Paternal grandfather – coronary artery disease
- Paternal grandmother – cervical cancer
- Maternal grandmother – died of old age, at 96

Social History
Completed high school. Served in the army for two year. Has worked as a truck mechanic for 30 years. Lives with his wife youngest son. Three children are grown.
# Practice of Medicine-1
## Process Interview Feedback Form

**Interviewer’s Name** ________________________________
**Evaluators’ Name** ________________________________ **Date** __________

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>DONE WELL</th>
<th>OK, COULD BE BETTER</th>
<th>NOT DONE OR DONE POORLY</th>
<th>NOT APPLICABLE</th>
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</thead>
<tbody>
<tr>
<td>1. Introduces self and explains purpose of interview.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>2. Attends to the patient's comfort and privacy.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<td>3. Allows patient to describe the illness/chief complaint.</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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<td>4. Uses the following techniques effectively (Note: you don’t have to use them all!)</td>
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<tr>
<td>Open-ended questions</td>
<td>3</td>
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<td>N/A</td>
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<tr>
<td>Reflection/Repetition</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Clarification</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>Silence</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Facilitators (nods, uh-huh, etc…)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>Summation</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>OVERALL USE OF INTERVIEWING TECHNIQUES</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<td>5. Balances listening with structure.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>6. Follows up on cues and vague statements.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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<tr>
<td>7. Attends to patient's nonverbal cues.</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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<td>8. Responds empathetically and supportively.</td>
<td>3</td>
<td>2</td>
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<td>N/A</td>
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<tr>
<td>9. Closes interview appropriately.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
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**COMMENTS:**
**Practice of Medicine-1**  
**Content Interview Evaluation Form**  
**THIS WEEK FOCUS ON ITEMS IN ITALICS**

<table>
<thead>
<tr>
<th>CONTENT INTERVIEWING SKILLS</th>
<th>DONE WELL</th>
<th>OK, COULD BE BETTER</th>
<th>NOT DONE OR DONE POORLY</th>
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<tbody>
<tr>
<td>Defines chief complaint*</td>
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<td>Identifies reason for patient presenting now*</td>
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<tr>
<td>Obtains history of present illness*</td>
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<td>Nature of symptom (quality)</td>
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<td>Severity</td>
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<td>Location (and radiation)</td>
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<td>Timing and duration</td>
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<td>Precipitating/aggravating factors</td>
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<td>Alleviating factors</td>
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<td>Context</td>
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<td>Obtains patient’s perspective about illness*</td>
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<td>How it affects them and family</td>
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<td>What patient thinks is cause</td>
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<td>Determines other active problems/issues*</td>
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<td>Past Medical History</td>
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<td>Major illnesses*</td>
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<td>Hospitalizations*</td>
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<td>Surgeries*</td>
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<td>Accidents/Injuries</td>
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<td>Medications* (including OTC, herbal, vitamins and supplement)</td>
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<td>Complementary &amp; alternative practitioners</td>
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<td>Allergies*</td>
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<td>Immunizations*</td>
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<td>Transfusions</td>
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<td>Gynecologic and obstetric history (LMP/birth control method)*</td>
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<td>Family History</td>
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<td>Patient Profile</td>
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<td>Demographic</td>
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<td>Occupational/Educational history</td>
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<td>Relationships</td>
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<td>Spirituality</td>
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<td>Review of Systems</td>
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* These items should be obtained (either from patient or review of chart), at each interview.