Techniques as Tools
Part 2

The Practice of Medicine
Christine M. Peterson, M.D.

Techniques Are Not Results

- The true endpoint of your use of techniques is the patient’s performance in the interview.
  - Complete (facts, concerns & requests, context)
  - Truthful (facts and emotions)

Techniques Are Not Results

- You need good tools (and a good plan!) in order to achieve good results…. 
Techniques Are Not Results

However, the use of good tools does not always produce good results.....
Evaluation by supervisor

Evaluation:
“To examine and *judge*”
(Random House Dictionary, emphasis added)

Peer Observation and Feedback

Feedback:
“Knowledge of the *results* of any behavior, considered as influencing or modifying further performance”
(Random House Dictionary, emphasis added)

### EVALUATION | FEEDBACK
---|---
Presents: Judgment | Information
Becomes: Summative | Formative
Uses: Normative adverbs and adjectives | Neutral nouns and verbs; “when – then” statements
Feedback

- Based on first-hand observation
- Limited to remediable behaviors (decisions and actions, not presumed intentions or interpretations)
- Descriptive, non-evaluative terms
- Specific performance
- Can offer overtly subjective data
- Avoid the “perils of praise” - a steady diet of praise can be addicting

Examples:

- **Evaluation:**
  “Your interviewing technique is really good - better than most interns.”

- **Feedback:**
  “When you let the patient talk without interrupting her, she gave you a couple of details that will be really helpful in figuring out her diagnosis.”

Examples:

- **Evaluation:**
  “You did a great job responding to the patient’s concerns.”

- **Feedback:**
  “When you asked the patient to tell you more about his job situation, he was able to let you know how worried he is about losing his job because of his injury.”
Examples:

- **Evaluation:**
  “Your use of touch was appropriate and effective.”

- **Feedback:**
  “When you touched the patient’s hand after she told you her mother had recently died, she looked right at you and seemed more comfortable with you.”

Examples:

- **Evaluation:**
  “You shouldn’t interrupt when the patient is talking.”

- **Feedback:**
  “When you asked a question before the patient had finished answering the previous one, his responses became shorter and less informative.”

**Delivering feedback**

- Understand student’s goals
- Choose appropriate (expected) timing
- Start by eliciting self-observations
- Feedback “sandwich”: positive / negative / positive
- “When … / then …” statements
Quick review….

Functions of the Medical Interview
- Gather data and understand
- Develop rapport and respond to emotions
- Educate and motivate
- Begin both diagnostic and healing processes

Non-Verbal Behavior (Behavior that BEFITS a physician)
- Body posture and movements
- Eye contact
- Facial expression
- Inflection, tone of voice and rate of speech
- Touch
- Space between doctor and patient
Verbal Techniques That Enhance Information-Gathering

(FOCUS on information)
- Facilitations
- Open-ended questions
- Clarification and direction
- Understanding by checking
- Surveying problems

More Information

(PREP for more information)
- Priorities for the patient
- Expectations that the patient has
- Patient’s ideas about the meaning of the illness

Skills that Convey Empathic Understanding

(REALLY PREPARE for understanding)
- Reflection
- Legitimation
- Personal support
- Partnership
- Respect
Techniques as Tools

- Case presentation

Chief Complaint

- "I think I might have a yeast infection."

Real Concern

- "I'm worried about these symptoms. Do I have herpes?"
“Yeast Infections”: What you know

- **Etiology:**
  - Fungus *Candida albicans, glabrata, or tropicalis*

- **Diagnosis:**
  - History, physical exam, microscope slide of vaginal discharge

- **Treatment:**
  - Systemic or topical antifungal

**Risk factors**

- pregnancy
- recent antibiotics
- diabetes mellitus
- dietary sugars
- immuno-compromise
- synthetic underwear
- oral contraceptives

**Differential Diagnosis**

- other vaginitis
- allergic or irritant reactions
- urinary tract infection
- STDs
A good physician can talk to anyone…

But a great physician can listen to anyone.