SESSION 4B
September 8th or September 10th

Standardized Patient Interview
(Chief Complaint and History of Present Illness)

Suggested Readings: Review Chapter 3 of The Medical Interview: Chief Complaint and History of Present Illness (on reserve in the library)

Prepare By: Reviewing the process and content interview evaluation forms
Dressing professionally
Researching learning objectives from last week
Submitting your patient write ups from your hospital interview last week

Brief outline: Section 1: Touch base (15 minutes)
Section 2: Present learning objectives (30 minutes)
Section 3: Standardized patient interviews (90 minutes)
Section 4: Case discussion (40 minutes)
Section 5: Evaluation (5 minutes)
Objectives for Session 4B:
By the end of this session, students will be able to:

- Practice the chief complaint and history of present illness component of medical interview with a standardized patient.

- Practice the following aspects of a medical interview:
  - Opening (introduction; statement of purpose of interview).
  - Physical environment (attention to patient’s comfort and privacy while minimizing distractions.)
  - Body language and non-verbal communication
  - Feelings (emotional content or overlay of the interview; establishment of rapport between the interviewer and patient).
  - Closing (summarize content, allow for patient question and/or comment, thank patient).

- Practice interviewing techniques, including:
  - active listening (e.g. open-ended questions, reflection, clarification, silence, summation)
  - nonverbal communication (e.g. open posture, nods)

- Elicit the patient's story: the effect of the illness on the patient and his/her family

- Give and receive honest, constructive feedback on interviewing skills.

SECTION 1: Touch Base (15 minutes)
How are you coping with medical school so far?
How is your small group functioning? Do you feel free to discuss your experiences and feelings within the group?

SECTION 2: Present learning objectives (30 minutes)
Students should present findings from the research of their learning objectives chosen last week. Each presentation should be no more than 5 minutes and should include a short discussion on which resources you used to get your information.

SECTION 3: Standardized Patient Interviews (90 minutes)
This session will focus on chief complaint and history of present illness component of the medical interview.

Chief complaint: the main reason why the patient is seeking medical help. This can be obtained by questions such as:

- How can I help you today?
- What may I do for you today?
- Can you tell me about your trouble?
- What made you decide to see a doctor or go to the emergency?

History of present illness: a thorough exploration of the chief complaint(s) and other associated symptoms

The best approach is to first let the patient talk and then use open ended questions. For example:
- Can you tell me more about that?
- Did you have any other symptoms?
- Can you tell me what the pain felt like?

Using more direct but open ended questions will help in further characterizing the symptom(s). Example:
- Where exactly is your pain?
- What does your pain feel like?
- When did it start?
- Is your pain there all the time or does it come and go?
- Does anything make your pain worse or better?
- Why do you think you have this problem? or What do you think caused your problem?

Closed ended questions are best used when you have already elicited most of the history and want to further delineate the symptom(s), in building a case or ruling out particular diagnoses. Example:
- Do you have pain when you breathe?
- Do you feel lightheaded?

Avoid leading questions. Example:
- You did not have any shortness of breath, did you?

Use of other interviewing techniques often help in establishing a rapport with the patient:
- active listening (e.g. reflection, clarification, silence, summation)
- nonverbal communication (e.g. attentive and open posture, nods)

**Standardized Patient Interview: Logistics:**

1. Break into two groups of three. Each group of three will interview the standardized patient as a “relay team.” One student will start, then pass the interview on to the next student when stuck or ready for a break.

2. The other group of three students will evaluate the interview using the interview evaluation forms. After this, it will be their turn to relay-team interview while the first group evaluates.

3. The standardized patient will play two different roles, one for each group of students.

4. After the standardized patient leaves, give each other feedback about each of your interviews. Start with the interviewers’ own self-assessment.
**TIME OUT:** One of the most valuable learning tools in standardized patient (SP) interviews is the “Time in- Time out” technique. When a mentor or any student says “time out” during an interview, the SP stops responding and looks away from the group to avoid any communication, even by eye contact. The SP goes into suspended animation: s/he cannot laugh, show surprise or express any awareness of the conversation or remarks made by mentors and students. S/he is acting as if s/he is no longer in the room. However, s/he will remain in role by appearance.

This allows mentors and students the opportunity to find out what is going through the interviewer’s mind at the moment. They can discuss the interviewer’s comfort with his/her approach to the patient and can plan what to do next. They can discuss the information obtained so far and ways to check for interviewer understanding and shared meaning.

When anyone in the group says “time in” the SP continues where s/he left off without showing any awareness of the conversation that took place during the “time out.” S/he will not show any sign of anticipating the questions or approaches discussed.

**SECTION 4: Case discussion** (40 minutes)

1. Discuss your interviewing:
   - How did it feel to be interviewing this patient?
   - Were you able to incorporate the following aspects of the interview:
     - Opening
     - Attention to patient’s comfort and privacy
     - Body language and non-verbal communication
     - Establish rapport with the patient.
     - Closings
   - Were you able to elicit the chief complaint and history of present illness?
   - How well did you use the different interviewing techniques? Which seemed to work?
   - Which interviewing techniques worked well for you?
   - What techniques would you like to work on more?
   - What topics/ situations made you feel uncomfortable?

2. Discuss the ‘patients’ you just interviewed.
   - What challenges – medical and social – are they facing now?
   - How are they coping?
   - What may be their experience of their illness?
3. How do you feel about giving feedback to your fellow students on their interviewing?
   • How can you do this more effectively? (e.g. specific observations, pointing out what interviewer does well, as well as what can improve)
   • How do you respond to receiving feedback?

4. One student in each subgroup should present the ‘patient’ interviewed. Use the case presentation format

SECTION 5: Evaluation (5 minutes)

How did this session go? How could it have been better?
### Practice of Medicine-1
### Content Interview Evaluation Form

**Interviewer’s name:** ____________________________  
**Observer’s name:** ____________________________

<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>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines chief complaint*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies reason for patient presenting now*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains history of present illness*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nature of symptom (quality)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location (and radiation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timing and duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precipitating/aggravating factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alleviating factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Context</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains patient’s perspective about illness*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How it affects them and family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What patient’s thinks is cause</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Determines other active problems/issues*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
### 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>
</tr>
</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>
</tr>
<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>
</tr>
<tr>
<td>3. Allows patient to describe the illness/chief complaint.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Uses the following techniques effectively (Note: you don’t have to use them all!)</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Open-ended questions</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Reflection/Repetition</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Clarification</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Silence</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Facilitators (nods, uh-huh, etc…)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Summation</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>OVERALL USE OF INTERVIEWING TECHNIQUES</strong></td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Balances listening with structure.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Follows up on cues and vague statements.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Attends to patient’s nonverbal cues.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Responds empathetically and supportively.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Closes interview appropriately.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**COMMENTS:**

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