SMALL GROUP SESSION 6  
October 5th or October 7th  

HOSPITAL INTERVIEW

Readings for this week:
  The Medical Interview, Chapter 7 (Presenting a patient’s case history)

Prepare by:
• Wearing your white coat and name tag, and looking professional
• Come prepared to discuss your learning objectives from the Cough/Confidentiality case

Brief outline:

Section 1. Opening and discussion of learning objectives: 40 minutes
Section 2. Hospital interviews: 75 minutes
Section 3. Presentation and discussion of interviews: 60 minutes
Section 4. Evaluation: 5 minutes

Preparation for next week:

Readings: The Medical Interview, Chapter 11: Caring for the patient in the office setting

Next week is your first preceptor visit.

Prepare by: Calling your preceptor in advance to get directions and make sure you are expected. Wear your white coat and look professional.

Also: Write up your patient from the hospital interview (sample write-ups are attached) as two parts, one page each: the history of present illness and the patient’s story. Turn them in to your mentors in two weeks.

CONFIDENTIALITY REMINDER: Do not put the patient’s name on your write-up. Refer to your patient by using Mr./Ms./Mrs. and first initial of last name. Do not print it out in the library if at all possible – or if you must, make sure you remove all copies. People have discovered write-ups of their friends on the library printer in the past – not good. Do not discuss your patient in a public area.
SESSION SIX

Section 1. Opening and review of learning objectives (40 minutes)
What did you learn from researching the chest case?

Section 2. Hospital Interviews

Objectives
This is your first interview with a real patient in the hospital. You will interview him or her 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) 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:

Interviews (75 minutes):

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 may also 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. 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.

5. 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.
Section 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 what you learned. 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
   - **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 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
   - Psychosocial context:
     - patient’s reactions to illness
     - effects of illness on patient’s life
     - effects on patient’s family
     - patient’s coping strategies

Section 4: Evaluation (5 minutes): How did this week’s session go?
PRESENTING A PATIENT CASE

Case presentations can have several agendas:

- To acquaint other members of a medical team with a patient and his or her medical issues
- To summarize what you know about a patient and invite others’ ideas about the possible diagnosis, issues, and diagnostic and therapeutic plan
- To make a case for a diagnosis that you suspect or a plan that you advise
- To update members of a medical team about a known patient’s current issues

Case presentations by a student follow a clear format and last between 45 seconds and five minutes. Your mission is that of any speaker: to keep your listeners interested.

The format is as follows:

1. **Brief opening sentence**: patient’s age, gender and presenting issue. Including important health information about a patient (e.g., a major illness, like diabetes) can help “frame” the patient for your listeners.
   
   **Example**: Mr. A is a 40-year-old man with right knee pain and swelling for the past two months.

2. **History of present illness**: This is told as a story and should be brief, factual and able to hold listeners’ interest. In case of doubt, be chronological. Include what you think are clues to this “mystery”: for instance, in a patient with knee pain, that it began after he was tackled in a football game and is worse when he goes down the stairs. Include elements of the HPI, when possible.

3. **Past medical history**: Again, this is brief, usually preceded by “is significant for.” **For example**: His past medical history is significant for arthroscopic knee surgery in 1995 and hypertension. He takes no regular medications. Family history is positive for degenerative arthritis in his mother and sister.

4. **Social history**: Include whatever is pertinent to the present problem and a few details that make the patient real. **For example**: Mr. A. is an analyst who works at a desk. He is married with no children. He played college football and plays intramural football every weekend in fall. He does not smoke or drink.

5. **Physical examination**: Includes any abnormal findings and pertinent negative (normal) findings. With a knee problem, this includes the lower extremity examination; it could also include temperature (if you suspect joint infection), back examination (if you suspect his pain is actually radiating from the back); and weight (if you believe obesity is worsening his knee pain). **For example**: He is afebrile and weighs 259 pounds. He has full range of motion in both knees and hips. Right knee has crepitus and pain on full flexion, but no effusion, no warmth, no tenderness. McMurray’s is normal. You will not present any examination findings.

6. **Laboratory and X-ray findings**: You will not present any laboratory or X-ray findings.
SAMPLE HISTORY OF PRESENT ILLNESS (HPI)

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) aching pain in the lump area starting four months ago, worse when he bumped into it accidentally. 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.

Also, see an example of a complete history in the appendix.
SAMPLE PATIENT STORY (First Person)

I live eighteen miles west of Roanoke, Virginia. It takes me more than five hours of driving to get my treatments here. But it’s worth it.

The cancer and treatments sure changed my life. Just getting the chemotherapy takes days, and I’m good for nothing for ten days after each treatment. Good thing I was able to retire early; I could never have kept up repairing and maintaining those school buses in the shape I’m in now.

Here’s an example. My son and I love to restore old cars. Nearly a week after I finished my first chemotherapy treatment, I went on a short, easy walk to the shed to get a tool. I thought! I walked into the back yard and it was so hot, I couldn’t even move. I stopped to get my breath under a shade tree and just sat there. I just sat and sat, and realized that I wouldn’t be able to walk those couple of steps back to the house. My son finally went looking for me and helped me back inside. That one kind of showed me. Ever since then, I don’t try to do anything for a week after a treatment. Nothing at all.

But I’m a fighter, and I plan to beat this cancer. This chemotherapy is one more way to cover all the bases before and after my surgery, and I’m going to stick with it. I’m very pleased with all the doctors and all my care at UVA – but truthfully, the food is lousy.

Still, I was pretty worried when the doctor talked about radiation treatments. Some friends of mine had radiation treatments for prostate cancer and had internal burns. One guy still has diarrhea and bowel problems, and the other guy lost his sex life completely. I’m not sure I want any treatment that’s that drastic.

My wife and I have been happily married for 28 years. She is my nurse and caretaker, and she is the best. If I ever needed treatment in Roanoke, she’d have to teach the nurses how to take care of me!

Our four children have been great. My youngest son is 19 and still lives with us, and he is just wonderful. I couldn’t ask for a better family.
## Practice of Medicine-1
### Process Interview Feedback Form

<table>
<thead>
<tr>
<th>Interviewer’s Name</th>
<th>Evaluator’s Name</th>
<th>Date</th>
</tr>
</thead>
</table>

<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>
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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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<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>
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<tr>
<td>4. Uses the following techniques effectively (Note: you don’t have to use them all!)</td>
<td></td>
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<tr>
<td>Open-ended questions</td>
<td>3</td>
<td>2</td>
<td>1</td>
<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>
<td>1</td>
<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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<tr>
<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>
<td>1</td>
<td>N/A</td>
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<tr>
<td>8. Responds empathetically and supportively.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<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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</tbody>
</table>

COMMENTS:
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>
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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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<tr>
<td>Severity</td>
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<td>Location (and radiation)</td>
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<tr>
<td>Timing and duration</td>
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<td>Precipitating/aggravating factors</td>
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<tr>
<td>Alleviating factors</td>
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<tr>
<td>Context</td>
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<tr>
<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’s thinks is cause</td>
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<tr>
<td>Determines other active problems/issues*</td>
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COMMENTS: