

## COMMUNICATION SKILLS GUIDE

### Interviewing a patient/applicant

#### A) Beginning the interview

##### 1. Greet the patient/applicant

It is essential to welcome the patient/applicant using a combination of non-verbal approaches such as hand-shake, eye contact, and smile, plus a suitable verbal greeting. It has a positive impact on the patient/applicant when the doctor stands up and buttons up his/her white coat.

##### 2. Introduce yourself

Introduce yourself using your exact position (Phase I Medical Student Ayşe Coşkun, Intern Ali Gezen, etc.).

##### 3. Ask the patient/applicant to sit down and provide privacy.

Başvuracı/hastayı kendini rahat hissedebileceği yere alınız. Gerekli mahremiyeti sağlamak için bulunduğunuz odanın kapısını kapatınız. Başvuracı/hasta ile sessiz bir ortamda görüşünüz. Başvuracı/hastaya “buyurun, şu koltuğa oturunuz” gibi sözel bir ifade kullanınız veya elinizle başvuracı/hastaya oturabileceği yeri işaret ediniz.

##### 4. Obtain the patient/applicant's name

You may read the patient/applicant's name on the card/screen, but it is preferable to ask his/her name to clarify the information.

##### 5. Use the patient/applicant's name in the interview.

##### 6. Ask the patient/applicant an open question

It is important to begin the interview with an open question to make the patient/applicant tell his/her complaints comfortably. Each doctor tends to have a favorite stock question that s/he uses repeatedly; 'How are you doing?', 'How can I help you?', 'Tell me what you have come to see me about.' You can ask a second question like 'what else can you tell if the patient/applicant answers your first question briefly.

**7. Listen to the patient/applicant without interrupting him/her.**

Learning how to listen at the beginning of the interview is the first step to an efficient and accurate interview. Do not interrupt your patient's story to clarify some points of the story or to ask new questions about some critical information in the story. Wait till s/he completes her/his story. You may let your patient/applicant be silent and think about the details.

**B) Personal Manner**

**8. Make eye contact**

Make eye contact and maintain it throughout the interview.

**9. Use appropriate body language, tone of voice, and facial expression**

One of the essential components of good communication with the patient/applicant is correctly following nonverbal communication steps. Positive facial expression and tone of voice with the patient/applicant are basic nonverbal communication steps. Make sure your facial expression is positive and speak in a tone where they can hear you. Avoid crossing your arms.

**10. Avoid engaging distractors**

During the interview with the patient/applicant, direct all your attention to them. Do not engage in anything (looking at the clock or watch, using cell phones, talking to other people, etc.).

**11. Considering non-verbal cues (applicant's facial expressions, tone of voice, posture, etc.)**

**C) Gathering Information**

**12. Display awareness of information from the medical record (if not at the first meeting)**

**13. Ask open-ended questions to let the patient/applicant describe the problem**

Ask questions detailing the patient/applicant's problem. "You said your problem was... Could you give some more detailed information on this matter?" such questions can be asked.

Make sure that the history is as detailed as possible by saying, "Is there anything you would like to add?" If the patient/applicant is far from the main subject, draw attention to the issue by saying, "What can you tell about your complaint/problem?". Questions with a single answer such as

“yes/no” limit the conversation. Ask “open-ended questions” that will enable you to learn the details of your problem/reason for application (for example: ... can you tell me how your problem affects you? etc.).

**14. Ensure information privacy**

**15. Using plain language (Avoid medical jargon)**

Tıbbi sözcük ve deyimleri kullanmamaya özen gösterir ‘Ağrının lokalizasyonunu gösterir misiniz?’ yerine ‘Ağrının yerini gösterir misiniz?’ sorusu daha anlaşılır olacaktır. Most of the patient/applicants do not have medical background, familiarity or experience. They cannot understand the medical words and phrases. Do not use medical jargon while interviewing with the patient/applicant.

**16. Ask questions one at a time.**

**17. Take enough time (avoid rushing the patient/applicant)**

**18. Take notes without interrupting the interview**

Writing down only the critical information is enough in most of the interviews. Taking more extended notes during the interview may be necessary if doctors need detailed information about the specific case. The critical point in taking notes is not to give the impression to the that you are not listening to him/her. Try to keep eye contact, at least when you ask the question, to see the patient/applicant's first reaction to the question.

**19. Focus and avoid asking a question that was already answered**

**20. Summarize the history in the end, and ask if the patient/applicant has anything to add or correct**

Summarizing is the deliberate step of making an explicit verbal summary to the patient/applicant of the information gathered so far.

#### **D) Understanding the patient/applicant's perspective**

**21. Encourage the applicant to convey his/her problem fully.**

When the applicant/patient hesitates, encourage him to explain more and convey the details. Along with non-verbal head nods and facial expressions, doctors use frequent verbal encouragers, like 'go on, 'I see,' 'um .' Repeating the last few words that the patient has said shows that the doctor listens to the patient and encourages him/her to keep talking.

**22. Find out the applicant/patient's perception of what is wrong, establish his/her attitudes to the problem, and determine the effect the problem has on their day-to-day lives and relationships.**

Ask the applicant/patient, "How did this problem affect or will affect your and your family's life, and did/will it make any change in your work/school/daily life?"

**23. Demonstrate empathy**

The doctor needs to understand and appreciate the applicant/patient's predicament or feelings and communicate that understanding back to the applicant/patient in a supportive way. So the applicant/patient feels safe. Empathic statements are supportive comments that specifically link the 'I' of the doctor and the 'you' of the applicant/patient: "I can appreciate how difficult it is for you to talk about this."

#### **E) Sharing information and planning**

**24. Provide explanations, information, and plans that the patient can remember and understand**

Give explanations clearly and comprehensively about the patient's problem, including the solution options, and make the possibilities understandable for the patient with verbal or visual materials.

**25. Ensure that the patient understands the information correctly**

Ask the patient whether s/he understands or has any concerns about the information provided to her/him. Ask questions like, "Is there anything you want to ask about the topics we have discussed so far?"

**26. Discuss the importance of the patient's involvement in the plans**

The patient has a critical role in the implementation of the decisions taken. Explain this importance clearly to the patient (For example, "Ms. Ayşe, you have a significant role in implementing these decisions and the success of the result. Your positive and determined approach will make it easier for us to get a successful result. Do you want to discuss or say anything?"

**27. Involve the patient in the decision process**

Ask the patient's opinion about the solution options, find out which one / s is suitable for her, and make additional explanations when necessary.

**28. Discuss the appropriateness of the solutions proposed by the applicant/patient**

Ask if there are any difficulties in implementing the solution for the applicant/patient. Allow time for the applicant/patient to make a decision.

**29. Obtain informed consent**

Obtain verbal or written informed consent after explaining the process and addressing the concerns.

**F) Ending the interview**

**30. Summarize and confirm the established plan**

Summarize the decisions you made with the applicant/patient during your interview. While summarizing, make use of the notes you took during the interview. For example, to a person who applied for family planning counseling and decided to use an intrauterine device, "Mrs. Ayse, we talked to you about some details about family planning methods during this interview. In the light of the information I have given you, you have decided that the most appropriate method will be an intrauterine device. According to your information on this subject, no risky situation has been detected...." It can be summarized as follows.

**31. Explaining unexpected situations and what to do in this situation**

There is a possibility that the applicant/patient may encounter unforeseen situations after this interview. For this reason, if possible, explain the steps that he can reach you (or the institution) in such cases, and if it is not possible, s/he should do it himself.

**32. Ask if the applicant has any questions.**

The applicant/patient may have questions about the interview or that have just come to mind. For this, ask the applicant: "Is there any other question you want to ask?"

**33. Contract with the applicant/patient about the next steps/or control**

Contracting the applicant/patient for the next appointment is crucial to gaining his trust and fulfilling your responsibility as a physician. Therefore, before ending the interview, decide on a suitable time for you and the applicant/patient.

**34. End the interview and politely let him/her go out**

While ending the interview, it is nice to farewell the applicant/patient, similarly to welcoming the applicant/patient. Use your gestures, mimics, and verbal skills to politely let the applicant/patient go out. Verbally, use expressions such as "Mrs. Ayşe, have a nice day."