

In The Name of God



(A PROJECT OF NEW LIFE HEALTH CARE SOCIETY KARACHI)

**UNIT I B.
INTERVIEW SKILLS & HEALTH
HISTORY.**

**Shahzad Bashir
RN, BScN, DCHN, MScN (Std. DUHS)
Instructor
New Life College of Nursing
Updated, September 23, 2015**



Objectives

- **By the end of the unit, learners will be able to:**
- **Explain the purpose, process & principles of interviewing.**
- **Describe the content and format used to obtain a health history.**
- **Discuss the process of investigating positive findings during the health history.**
- **Practice obtaining and recording a client health history.**
- **Practice utilizing therapeutic skills with a student partner.**
- **Identify strengths and weaknesses via observation of a videotaped interaction and self/peer analysis.**
- **Interview patient in clinical and collect feedback from colleagues and faculty about use of therapeutic communication.**

Interview

- ❖ "Interview" word is derived from french word "entrevior" it means "glimpse" to each other.
- ❖ It is goal directed purposeful interaction between two people.
 - An interview is a conversation between two or more people (the interviewer and the interviewee) where questions are asked by the interviewer to obtain information from the interviewee.
 - Therapeutic interaction that has a purpose.

Purpose:

- Gather information to base nursing care
- Establish a helping relationship
- Identifying health status, concerns, & problems
- Screening purpose



Phases of Interview

1. *Introductory Phase;*

- Orientation, time/comfort
- Purpose:
 - Client/patient/resident needs to understand the purpose of the interview
- Interview Environment
 - Psychological (Judgmental & Respectful)
 - Physical (Privacy, Noise, seating, light, temp)

2. *Working Phase;*

- Build trust & rapport
- Information gathering
- Patient readiness (less sensitive topics first)
- Use of therapeutic self (comm. techniques)
- Goal in mind.

Cont...

3. *Termination Phase;*

- Closure/summarize info in a positive and “hopeful” manner
- Plan for future
- Goal achieved/not



The techniques of skilled interviewing

- **Active listening**
- **Adaptive questioning**
- **Nonverbal communication**
- **Facilitation**
- **Echoing (Simple repetition of the patient's words encourages the patient to express both factual details and feelings)**
- **Empathic responses**
- **Validation**
- **Reassurance**
- **Summarization**
- **Highlighting transitions**

Interviewing Techniques

1. Open-Ended Questions
 - Require explanation
2. Closed Questions
 - “Yes” or “No” response
3. Directive Questions
 - Often using scenarios as examples
4. Use of Silence
 - Allowing person time to respond
5. Facilitation
 - Presenting choices
6. Use of examples
 - Sense of inclusion



Interviewing Techniques Con't

7. Restatement

- Ensures understanding

8. Reflection

- Allows emotional connection

9. Clarification

- Reviews intent

10. Summary

- Consent to intent
- Content to assessment findings

11. Confrontation

- Avoid, use only with unresponsive
- Assertively encourages participation



Questioning Techniques

- **Directive:**
 - Formal & structured to collect wide range of information
 - Usually content focused
- **In-Directive:**
 - Informal, & focused on specific area of concern
 - Freedom, open ended

Balance between them.

Verbal Techniques

- **Keep Tone neutral**
- **Facilitate with ‘go on ‘ and ‘what else’**
- **Paraphrase**
- **Clarify**
- **Respecting**
- **Use open ended questions/ broad opening statements**
- **Proceed from general to specific**
- **Summarize/ review the discussion**

Nonverbal Techniques

- **Eye contact**
- **Supportive gestures**
- **Distance**
- **Keep an open mind**
- **Supportive facial expression**

Don'ts of Interview

- **Leading / biased questions**
- **Judgmental / stereotyped responses**
- **Asking “Why” questions**
- **Asking two question at a time**
- **Changing topic**
- **False reassurance**
- **Agreeing, disagreeing, approving & disapproving**
- **Interrupting the client**

Barriers in Interviewing

- **Patient's Assumptions / Expectations / Fears**
- **Age**
- **Gender**
- **Confusion**
- **Cultural and social barriers**
- **Communication Difficulties**
- **Language Difficulties**
 - Physical
 - Cultural
- **Problems affecting social interaction**
 - e.g claustrophobia, agoraphobia.

Guidelines for Interviewing

- **The interview starts with a self-introduction**
- **Use body language and words that promote trust and good will**
- **Before questioning starts, the client should know the kinds of information you are interested in, the use of this information and how much of the client's time you plan to take**
- **The environment and time selected are conducive to sharing information**

Cont...

- **Use restatement to clarify the client's responses when needed**
- **Honor the client's request to omit a question**
Place of the questioning is unhurried, and comfortable for the client.
- **Use appropriately placed, brief periods of silence so the client can gather her/ his thoughts.**
- **Responses to client statements show that you have been listening**

Cont...

- **Invite your client to expand on selected statements.**
- **At the end of the discussion, briefly review the areas covered since the start of the interview**
- **Express satisfaction with the process the two of you have completed.**
- **Thank the client.**
- **Ask to either set up the next meeting or plan for the possibility of a future meeting if you need this to complete your plan**

Principles of interviewing

- **Rights:** People have a right to health and health care.
- **Balance:** Care of individual patients is central, but the health of populations is also our concern.
- **Comprehensiveness:** In addition to treating illness, we have an obligation to ease suffering, minimize disability, prevent disease, and promote health.
- **Cooperation:** Health care succeeds only if we cooperate with those we serve, each other, and those in other sectors.
- **Improvement:** Improving health care is a serious and continuing responsibility.
- **Safety:** Do no harm.
- **Openness:** Being open, honest, and trustworthy is vital in health care.

Components of a Health History

- **Biographic Data**
- **Chief Complaint**
- **Current Health status**
 - **Past Health History**
 - **Family History**
- **Personal Health History**
 - **Family History**
 - **Personal and Social Status**
 - **Review of Systems**
- **Summary of Findings**

Components of a Health History

A combination of the following provide an inclusive portrait of an individual:

- 1. Demographic Data**
- 2. Presenting Complaint**
- 3. History of Presenting Complaint**
- 4. Past medical history (PMH)**
- 5. Drug History**
 - a) Allergies / Immunisations
- 6. Social / Occupational history**
- 7. Family History**
- 8. Systemic enquiry /Review of system (ROS)**



Component-1-History of Present Illness (HPI)

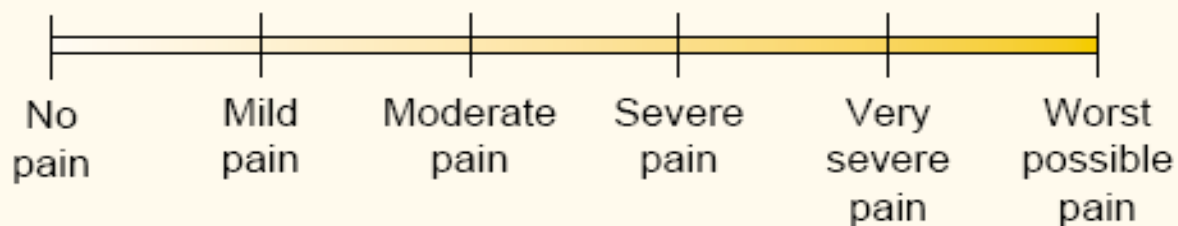
- HPI is a chronological story of what has been happening
 - Must get details of the problem, therefore must be systematic
 - OLFQQAAT: onset, location, frequency, quality, quantity, aggravating factors, alleviating factors, associated symptoms, treatments tried (include all treatments - Rx, OTC, herbal, folk)
 - COLDERRA (character, Onset, Location, Duration, Eggravating factor, Relieving factor, Radiating factor, Associating factor)
 - Lots of systems – find one that works, and use it

Component-1 - History of Present Illness

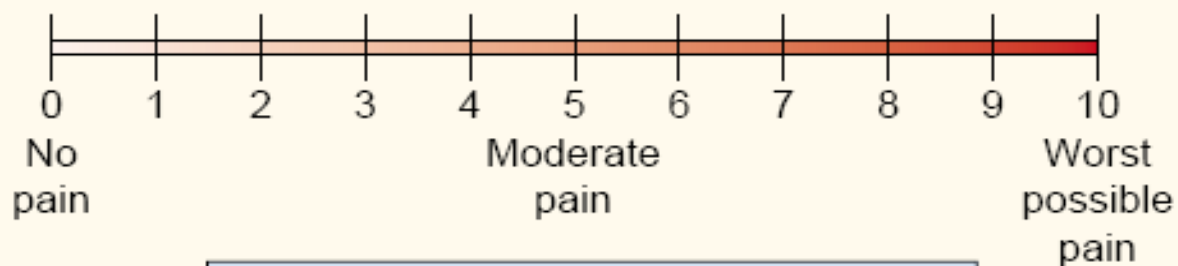
- **Use whatever system works for you, but use a system (OLFQQAAT, PQRST, pain intensity scales, etc)**
 - **Pain, quality/quantity, radiation, setting, timing**
 - **Rate pain from 1 to 10**
 - **Use age appropriate tools (faces)**
- **Culturally appropriate care**

Pain Intensity Scales

Simple Descriptive Pain Intensity Scale



0 – 10 Numeric Pain Intensity Scale



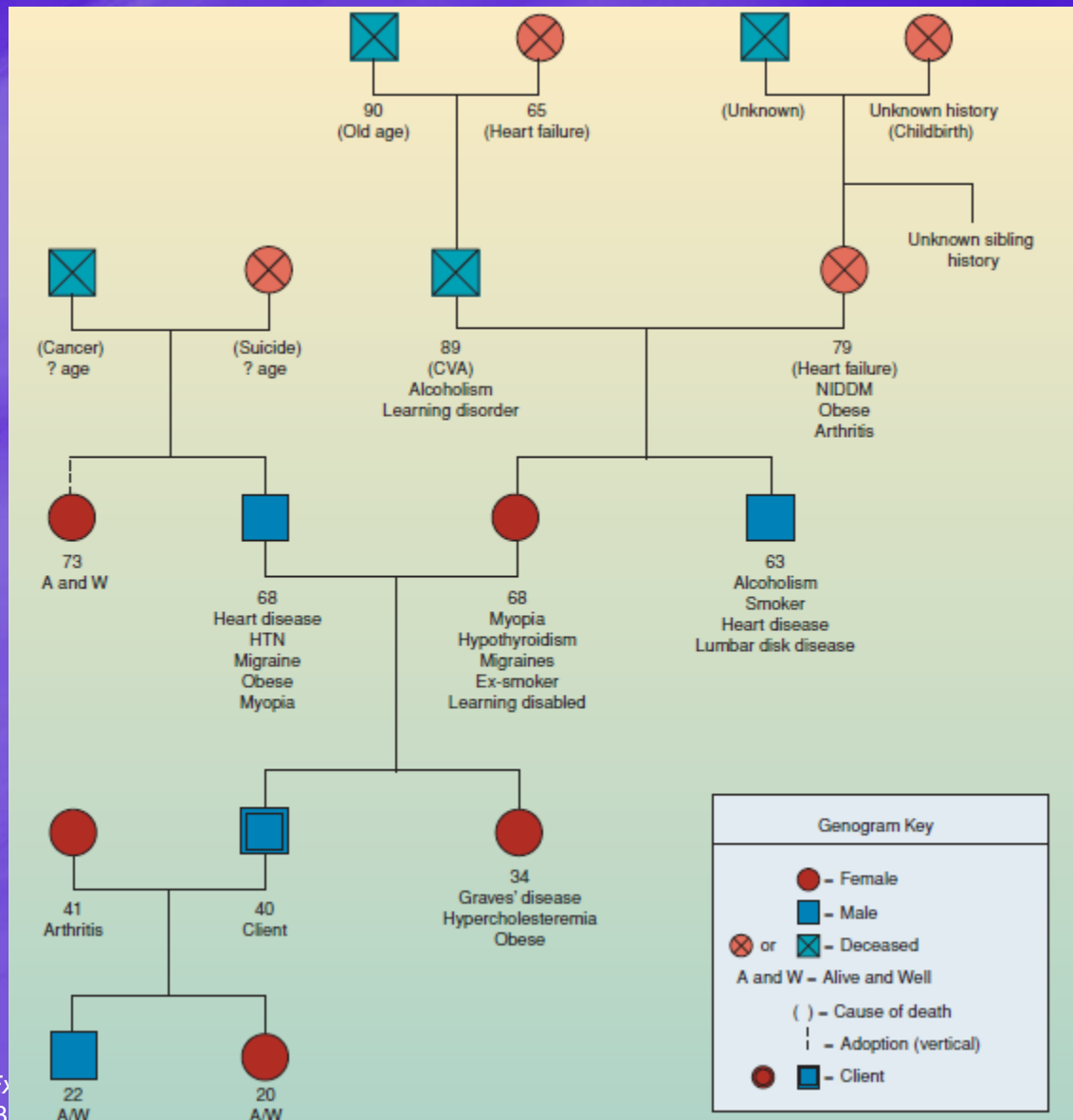
Visual Analog Scale (VAS)



Component-2

- **Past Medical History**
- **Drug History**
 - Allergies
 - Tetanus and immunisation for children
- **Family History where relevant . GENOGRAM**
- **Social History**
 - Occupation, hobbies, drugs
- **CONSIDER – Systemic Enquiry necessary?**
- **Clarification with patient / third party may be necessary
to ensure correct information**

GENOGRAM



Components 3 – Review of System (ROS)

- **GIT – Gastrointestinal Tract**
- **Resp – Respiratory System**
- **CVS – Cardiovascular System**
- **Uro – Urological System**
- **Neuro – Neurological System**
- **Loco – Locomotor System**

References

1. **Bickley, L. S., Szilagyi, P. G., & Bates, B. (2007).** *Bates' guide to physical examination and history taking (11th Edi)*. Philadelphia: Lippincott Williams & Wilkins.
2. **Weber, Kelley's. (2007).** *Health Assessment in Nursing, 3rd Ed: North American Edition. Lippincott Williams & Wilkins.*