



## Interview Feedback Form Scoring Guidelines

### GENERAL

The Interview Feedback Form is an instrument used to help teach and assess the process of the medical interview, the performance of basic communication skills and the adequacy of data collection in the medical history. It is divided into three major sections:

1. PROCESS/FLOW (opening, information gathering, closing)
2. SKILLS (questioning, facilitation, relationship, patient education)
3. CONTENT (history data base)

### OPENING

A *satisfactory* opening would include all of the following characteristics:

- says "hello" and shakes hands
- states name and role in the interview, e.g. "I am a medical student working with Dr. Seger learning to talk with patients"
- inquires about the patient's comfort
- minimizes distraction and attends to the patient's privacy
- states the goal of the interview as well as clarifies the patient's reason for this particular visit, e.g. "I am learning to take medical histories and am part of your Loyola Team". "Can you tell me what brings you here...?"

An *unsatisfactory* opening would include all of the following:

- begins questioning without proper greeting
- fails to shake hands
- does not provide name
- does not inquire about the patient's comfort
- does not manage distractions and/or doesn't attend the patient's privacy.

## **INFORMATION GATHERING**

The collection of historical data (content) requires the use of certain skills, i.e. questioning, relationship and facilitation.

### **1. Open-to-Closed Cone of Questions**

A totally satisfactory performance means that the student starts an area of inquiry with an open question followed by more directive questioning, when necessary. Multiple and leading questions should not be used. This form of questioning should be employed throughout the history (except for the Review of Systems).

### **2. Establishes and Maintains a Narrative Thread**

A satisfactory performance means that in eliciting the HPI, the student would ask the patient to start at the beginning of the illness and encourages the patient to tell a story in a chronological form until the present. This may require that the student re-direct the patient to maintain a chronological account. Marginal is partially employing the skill may mean that a student would start at the beginning but would not redirect the patient when necessary. Unsatisfactory implies that the chronological account of the patient's story is not sought out and important leads are missed.

### **3. Problem Survey**

Satisfactory performance means that the student continues asking "what else" until the patient acknowledges that all concerns have been expressed.

### **4. Sets Agenda**

A satisfactory performance means that the student determines the patient's priorities and decides, along with the patient, what problems should be addressed during the present visit. This would be most appropriate for visits in which time may be a factor e.g. ER or outpatient clinic.

### **5. Segment Summary**

Satisfactory means that the student concludes discussion of most areas of inquiry by restating the content and/or feelings expressed by the patient and checks to make sure that the summary is accurate. e.g. "Let me see if I have this straight?" "I sense that you're upset about this. Lets go over some things we talked about."

### **6. Transition**

The flow of the interview, from opening to information gathering to closing, requires skillful transition. Satisfactory means that when a discussion of an area of inquiry is complete, the student moves to the next area of concern acknowledging the transition. Marginal performance means the student will acknowledge the transition only half the time. e.g. "Now that I know about your problem I need some information about your past history".

## **FACILITATION SKILLS**

In this section, some of the responses may require nothing more than a simple "yes" or "no". e.g. maintains comfortable eye contact throughout the interview. Yes? or No?

Remember, that it is possible for facilitation skills, such as body posturing and nodding, to be partially employed. The student could be observed using certain facilitation skills for part but not all of the interview. e.g. uses silences correctly by allowing the patient to thoughtfully process thoughts and feelings during spontaneous pauses in the narration throughout the interview. Unsatisfactory means that the student interrupts the silences or changes the subject.

## **RELATIONSHIP SKILLS**

Likewise, with these skills you will need to note the frequency with which they are used (specifically the number of times they occur throughout the course of the interview). A satisfactory response would mean that they are used often, marginal, meaning they are used occasionally and unsatisfactory, if they are not used at all. Not applicable here would mean that there is no appropriate place in this particular interview for the use of any of the skills.

## **CLOSING**

The three items in this segment are straightforward and require no discussion.

## **EDUCATION**

This segment refers to the three steps in patient education (1) informing the patient, (2) checking the patients understanding of the issues being discussed as well as of the diagnostic/therapeutic plan agreed upon and (3) assuring that the patient has a role in process. For the assessment to be satisfactory all three components must be observed. An unsatisfactory implies that none were done.

## **HISTORY DATA BASE (KEY CONTENT)**

In this part of the interview checklist one should check each of the specific content areas that was explored. Note that all ten "characteristics of symptoms" should be used for each and every symptom that the patient complains of and not just the chief complaint.