GATHERING INFORMATION

INTRODUCTION

Having seen how vital the beginning of the interview is to successful communication, we now turn our attention to the next section of the interview, gathering information. When gathering information in medical interviews, your objectives should go beyond simply extracting information. You also need to make your patients feel listened to and valued, ensure mutual understanding and sustain an on-going collaborative relationship. Our objectives for this part of the interview therefore include:

- exploring the patient's problems to discover the biomedical perspective, the patient's perspective and the background information
- ensuring that information gathered is accurate, complete and mutually understood
- ensuring that patients feel listened to, that their information and views are welcomed and valued
- continuing to develop a supportive environment and a collaborative relationship
- structuring the consultation to ensure efficient information gathering and to enable the patient to understand and be overtly involved in where the interview is going and why

To help you achieve these objectives, pay attention to each of the following skills:

Exploration of the patient's problems

- Encourage the patient to **tell the story** of the problem(s) from when first started to the present in own words (clarifying reason for presenting now)
- Use **open and closed questioning techniques**, appropriately moving from open to closed
- **Listen** attentively, allowing patient to complete statements without interruption; leaving space for patient to think before answering or go on after pausing
- **Facilitate** the patient's responses verbally and non–verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation
- Pick up patient's verbal and non–verbal **cues** (body language, vocal cues, facial expression, affect); check them out and acknowledge as appropriate
- **Clarify** statements which are vague or need amplification (e.g. "Could you explain what you mean by light headed")
- **Summarise** periodically to verify own understanding of what the patient has said; invite patient to correct interpretation and provide further information.
- Use **concise, easily understood questions and comments**, avoid or adequately explain jargon

Additional skills for understanding the patient's perspective

- **Actively determine and appropriately explore**:
  - patient's **ideas** (i.e. beliefs re cause)
  - **concerns** (i.e. worries) regarding each problem
  - patient's **expectations**: (i.e. goals, what help the patient expects for each problem)
  - **effects**: how each problem affects the patient's life
- Encourage expression of **feelings**

1: EXPLORATION OF PROBLEMS

Having initiated the consultation carefully and made a route plan of the consultation rather than blindly setting off down the first road that appears, you now need to focus on the in-depth exploration of the patient's problems.

QUESTIONING TECHNIQUES

What are open and closed questions?

Closed (convergent) questions are questions for which a specific and often one word answer, such as yes or no, is expected. They limit the response to a narrow field set by the questioner: the patient usually provides a response of one or two words without elaboration
Open (divergent) questioning techniques in contrast are designed to introduce an area of enquiry without unduly shaping or focusing the content of the response. They still direct the patient to a specific area but allow the patient more discretion in their answer, suggesting to the patient that elaboration is both appropriate and welcome.
Here are some simple examples of these questioning styles:
Open- *"tell me about your headaches"*
More specific but still open - *" what makes your headaches better or worse?"*
Closed - *"do you ever wake up with the headache in the morning?"*

When should we use open and closed methods: the open-to-closed cone

Both open and closed questions are valuable but they achieve very different ends. Understanding how to intentionally choose between open and closed questioning styles at different points in the interview is of key importance.

Starting with open questions and later moving to closed questions is called the ***"open-to-closed cone"***. The use of open questioning techniques is critical at the beginning of the exploration of any problem - the most common mistake is to move to closed questioning too quickly. Use open questions first to obtain a picture of the problem from the patient's perspective. Later, become more focused with increasingly specific though still open questions and eventually use closed questions to elicit additional details that the patient may have omitted.

What are the advantages of open questioning techniques?

Look at what might happen if you were to use two very different approaches to the same scenario.

A consultation relying on closed methods might go like this:
Student: *"Now about this chest pain - where is the pain?"*
Patient: *"Well, over the front here"* (pointing to the sternum)
Student: *"What are the pains like - are they a dull ache or a sharp pain?"*
Patient: *"Quite sharp really"*
Student: *"Have you taken anything for it?"*
Patient: *"Just some antacids but they don't seem to help much"*
Student: *"Do the pains go anywhere else?"*
Patient: *"No, just there"*

An initially more open ended questioning style might reveal very different information:
Student: *"Tell me about the chest pain that you have been having.."*

Patient: *"Well, it's been building up over the last few weeks. I've always had a little indigestion but not as bad as this. I get this sharp pain right here (pointing to sternum) and then I belch a lot and get a really horrible acid taste in my mouth. Its much worse if I've had a drink or two and I'm not getting much sleep."*
Student: *"I see, can you tell me more about it?"*
Patient: *"Well, I was wondering if it was brought on by the tablets I've been taking for my joints - they've been much worse and I took some Ibuprofen. I need to keep going at the moment what with John and all."*

Why in the second example has staying open before moving to closed questions provided maximum efficiency in information gathering?

Encouraging the patient to tell their story in a more complete fashion.
Closed questions give you more control over the patient's responses but limit the possible information that can be obtained. Open questions in contrast encourage the patient to answer in an inclusive way and may well provide much of the information that is being sought. By asking an open question, information about a problem can be obtained quickly and efficiently. In the above examples, more useful information about the chest pains was discovered with two open questions than with four closed questions.

Preventing the stab in the dark approach of closed questioning.
In the closed approach, all the responsibility rests on you. You have to consider which areas might be worth enquiring about and then frame appropriate questions to ask. Clearly, the information obtained will only relate to those very areas that you think are likely to be relevant and you may well forget to ask about key areas of importance. Each question is like a stab in the dark, potentially a very inefficient process. In the open method, the patient can mention areas that you might not have considered - in the above example of closed questioning, you may not have thought to ask about alcohol and would have missed an important clue. This does not decry the value of closed questioning later on in the interview process. Closed questions are essential to clarify points or screen for areas not yet mentioned, but this is more efficiently achieved after first eliciting a wider view of the problem.

Allowing the doctor time and space to listen and think and not just ask the next question.
In the closed method, you have to follow each closed question with another. Instead of listening and thinking about the patient's replies, you are formulating the next question to keep the flow of the interview going which in turn stops you from hearing important information. The open method allows you time to more carefully consider replies and pick up cues as they emerge.

Contributing to more effective diagnostic reasoning.
Unless you use open questioning techniques at the beginning of your information gathering, it is all too easy to restrict diagnostic reasoning to an over-narrow field of enquiry. Open methods allow you more time to generate your problem-solving approach and provide you with more information on which to base your theories and hypotheses. Closed questioning in contrast quickly leads to the exploration of one particular avenue which may well prove inappropriate and lead inexorably to a dead-end. You may have to start again and generate a different problem-solving strategy: inefficient and inaccurate information gathering ensues. In the examples above, listening to the patient's story with the use of open questions has allowed you to avoid the trap of early questioning about the possibility of ischaemic heart

disease and has enabled the expression of further symptoms and concerns that will help to form a more accurate working hypothesis

Helping in the exploration of both the disease and illness frameworks.
Closed questions are not an efficient initial method of exploring the disease aspects of a problem. They are even less helpful in discovering the illness framework. Because closed questions by their nature follow the doctor's agenda, they will tend to concentrate on the clinical aspects of the problem and omit the patient's perspective. Open questions in contrast encourage patients to talk about their illness from their unique point of view, to tell their story in their own way using their own vocabulary. Patients can choose what is important from their own perspective and you can better understand the patient's personal experience of illness.

Setting a pattern of patient participation rather than physician domination.
The early pursuit of one problem by closed questioning shifts the whole emphasis from a patient-centred to a physician-centred format and once this is done, the patient tends to remain in a more passive role. Once you begin closed questioning, patients will often not volunteer anything that is not explicitly asked - most patients defer to your lead. Open questions allow the patient to participate more actively, signal that is it appropriate to elaborate, and make your willingness to listen apparent.

Why is it important to move from open to closed questioning techniques?
As the interview proceeds it is important for you to become gradually more focused. You need to use increasingly specific open questions and eventually move to closed questions to elicit fine details. You need to use closed questions to investigate specific areas if they do not emerge from the patient's account, to analyse a symptom in detail and to take a functional enquiry (though even this can begin openly, e.g., *"tell me about any problems with your skin..."*).

ELICITING THE PATIENT'S NARRATIVE

From the discussion above, it is clear that open rather than closed questioning techniques at the beginning of problem exploration will pay dividends. One particularly useful method of gathering information in an initially open way is the "patient's narrative", encouraging the patient to tell the story of their problem from when it first started up to the present in their own words.

"Tell me all about it from the beginning"

This is a natural way to find out about the patient's experience and to gather all the information that you need in an orderly fashion. It allows the patient to tell their story to you chronologically in much the same way as they would to a friend. From a medical standpoint, it provides you early in the interview with a clear picture of the sequence of events. This important component of the biomedical perspective (disease history) enhances accuracy. Asking the patient to tell their story chronologically provides you with an organizational framework that contributes to clinical reasoning and helps you as well as the patient keep details of the history in mind more easily.

This method offers all the advantages of open questioning while providing the patient with a simple method of telling their story chronologically. It is an excellent way to understand the patient's perspective**.** Your role is to listen carefully and, if necessary, guide the patient through their story-telling, possibly seeking brief clarification but quickly returning to "then what happened?". The device of the patient's narrative allows you to make some interruptions without necessarily taking the floor from the patient; you can return control to the patient by asking her to continue her story. However, this should be done sparingly because once you have interrupted it is all too easy to continue in control with closed questions and forget to re-establish the patient's narrative.

ATTENTIVE LISTENING

As the patient tells their story, the doctor needs to listen attentively without interrupting. As we have already seen, attentive listening is a highly skilled process, requiring a combination of focus, facilitation skills, wait time and picking up cues.

FACILITATIVE RESPONSE

As well as listening, it is important to actively encourage patients to continue their story-telling. Closed questioning is so predominant that patients may well initially respond even to excellent open questions with only a word or two unless they are encouraged to continue. Any behaviour that has the effect of inviting patients to say more about the area that they are already discussing is a facilitative response.

The facilitative response involves both verbal and nonverbal communication skills. The following skills can be used to facilitate the patient to say more about a topic, indicating simultaneously that you are interested in what they are saying and that you are keen for them to continue:

Encouragement:
Along with nonverbal head nods and the use of facial expression, use verbal encouragers to signal to the patient to continue their story. Such neutral facilitative comments include "uh-huh", "go on", "yes", "um", "I see" - we all have our own particular favourites.

Use of silence
Most verbal facilitation is ineffective unless immediately followed by non-verbal attentive silence. We have seen how the use of brief silence or pause can very easily and naturally facilitate the patient to contribute more. Longer periods of silence are also appropriate if patients are having difficulty expressing themselves or if it seems that they are about to be overwhelmed by emotion. The aim of providing a longer pause is to encourage patients to express out loud the thoughts or feelings that are occurring inside their head. There is a delicate balance here between comfortable and uncomfortable silence, between encouraging communication and interfering with it by creating uncertainty and anxiety: you must attend carefully to your accompanying nonverbal behaviour. However, remember that anxiety is more often felt by the clinician than the patient; patients usually tolerate silence better than you!

If you do feel that a silence is producing anxiety or the patient eventually needs further encouragement to speak, pay particular attention to how the silence is broken. For instance

"Can you bear to tell me what you are thinking?"

acts to allow the patient to stay with their thoughts and further facilitates the process - as does repetition of the patient's last words, as we shall see below.

Repetition or echoing

Repeating the last few words that the patient has said encourages the patient to keep talking. Students often worry that this "echoing" will sound unnatural but again it is remarkably well accepted by patients. Following through the example used earlier, we can see the above skills in action to explore the biomedical and patient's perspectives of a problem:

Student: *"Tell me about the chest pain that you have been having."* (open question)
Patient: *"Well, it's been building up over the last few weeks. I've always had a little indigestion but not as bad as this. I get this sharp pain right here* (pointing to sternum) *and then I belch a lot and get a really horrible acid taste in my mouth. Its much worse if I've had a drink or two and I'm not getting much sleep."*
Student: *"Yes, go on"* (encouragement)
Patient: *"Well, I was wondering if it was brought on by the tablets I've been taking for my joints - they've been much worse and I got some Ibuprofen from the chemist. I need to keep going at the moment what with John and all."*
Student: (silence - accompanied by eye contact, slight head nod)
Patient*: "He's really going downhill student and I don't know how I'm going to cope at home if he gets any worse"*
Student: *"How you're going to cope?"*(repetition)
Patient: *"I promised him I wouldn't let him go into hospital again and now I'm not sure if I can do it"*

Paraphrasing

Paraphrasing is restating in your own words the content or feelings behind the patient's message. It is intended to sharpen rather than just confirm understanding and therefore tends to be more specific than the original message. Paraphrasing checks if your own *interpretation* of what the patient actually means is correct. Continuing our example:

Student: *"Are you thinking that when John gets even more ill, you won't be strong enough to nurse him at home by yourself?"* (paraphrase of content)
Patient: *"I think I'll be OK physically but what happens if he needs me day and night - there's only me and I can't call on Mary since she has a job"*
Student: *"It sounds as if you're worried that you might be letting John down."* (paraphrase of feeling)

Paraphrasing is particularly helpful if you think that you understand but are not quite certain, or you think that there might be hidden feelings behind a seemingly simple message. Paraphrasing is a very good facilitative entry point into the patient's perspective.

Sharing your thoughts

Sharing why you are asking questions is another excellent way to encourage the patient to be more inclusive in their answer and acts as a very effective facilitative tool:

"Sometimes, chest pains can be brought on by stress - I was wondering if you felt that might be true for you?"

This is ostensibly a closed question but the fact that the patient can understand the reasoning behind your request allows her to answer and then elaborate. The more direct *"Are you under a lot of stress at present?"* is far more likely to produce a one word response containing little information.

PICKING UP VERBAL AND NONVERBAL CUES

Sometimes, although you may be listening and giving the impression that you are taking in everything that the patients are telling you, you may not have actually heard what your patients are saying! You may be eliciting the information beautifully but failing to register it. Hearing what the patient is saying is a vital ingredient in gathering information. This not only relates to what the patient is telling you overtly but also what they are telling you indirectly or perhaps even unintentionally through verbal and non-verbal cues. Patients are generally eager to tell you about their own thoughts and feelings but often do so indirectly through verbal hints or changes in non–verbal behaviour (body language, vocal cues such as hesitation or a change in volume, facial expression, affect). Picking up these cues is an essential skill for exploring both the biomedical *("and I've had this……sort of…….it's not really a pain……")* and patient's perspectives *("things haven't been easy…." or "I'm alone…")*

And hearing the cue in itself is still not enough. You need to respond, to check out each cue with the patient and acknowledge it as appropriate. The danger therefore is two fold: either missing the message altogether or having heard it, assuming you know what it means without checking it out with the patient. Patients' cues and the assumptions you make about them need to be explored and acknowledged either now or later in the interview.

CLARIFICATION OF THE PATIENT'S STORY

Clarifying statements which are vague or need further amplification is a vital information gathering skill. After an initial response to an open ended question, you may need to prompt patients for more precision, clarity or completeness. Often patients' statements can have two possible meanings: it is important to ascertain which one is intended.

Clarifying is often open in nature

"Could you explain what you mean by light headed"

but may also be closed

"When you say dizzy, do you mean that the room seems to actually spin round?"

INTERNAL SUMMARY

Summarising is the deliberate step of making an explicit verbal summary to the patient of the information gathered so far and is one of the most important of all information gathering skills. Used periodically throughout the interview, it helps you with two significant tasks – ensuring accuracy in the consultation and facilitating the patient's further responses.

Accuracy

Summarising is a highly effective practical test of whether you have understood the patient correctly, enabling the patient to confirm that you have understood what they have said or to correct your mis-interpretation. Remember to summarise both the disease and illness aspects of the patient's story.

Summarising tells you whether you have "got it right". If you have, the patient will confirm your picture with both verbal and nonverbal signs of agreement. If however your understanding is inaccurate or incomplete, the patient will tell you or provide nonverbal signals of being unhappy.

Facilitation

Summarising not only makes for greater accuracy, it also expands your understanding of the patient's problems. Summary acts as an excellent facilitative opening: followed by a pause and attentive listening, it is an important method of enabling the patient to continue their story.

Student: *"Can I just see if I've got this right – you've had indigestion before, but for the last few weeks you've had increasing problems with a sharp pain at the front of your chest, accompanied by wind and acid, it's stopping you from sleeping, it's made worse by drink and you were wondering if the painkillers were to blame. Is that right?* (Pause...)

Patient: *"Yes, and I can't afford to be ill now with John being so ill. I don't know how I'm going to cope."*

The advantages of internal summary for patients are numerous:

- clearly demonstrates that you have been listening
- demonstrates that you are interested and care about getting things right – it confirms the patient
- offers a collaborative approach to problem solving
- allows the patient to check your understanding and thoughts
- gives the patient an opportunity to either confirm or correct your interpretation and add in missing areas
- invites and allows the patient to go further in explaining their problems and thoughts by acting as a facilitative opening
- demonstrates your interest in the illness as well as the disease aspects of the patient's story

The advantages of internal summary for the doctor are also significant:

- maximises accurate information gathering by allowing you to check the accuracy of what you think the patient has said and rectify any misconceptions; promotes mutually understood common ground
- provides a space for you to review what you have already covered

- allows you to order your thoughts and clarify in your mind what you are not sure about and what aspect of the story you need to explore next
- helps you to recall information later
- allows you to distinguish between and consider both disease and illness

LANGUAGE

The use of concise, easily understood questions and comments, without jargon, is important throughout the interview.

2: ADDITIONAL SKILLS FOR UNDERSTANDING THE PATIENT'S PERSPECTIVE

The above skills of problem exploration will enable you to discover information about all three elements of the medical history: the biomedical perspective, the patient's perspective and background information. As the story unfolds, information about both disease and illness will flow from the patient and the skilled interviewer will be able to weave between these two vital aspects of the patient's problems. But the skills of understanding the patient's perspective, namely determining and acknowledging the patient's ideas, concerns and expectations and encouraging the expression of feelings and thoughts, have a different intrinsic quality which requires you to have additional expertise.

HOW TO DISCOVER THE PATIENTS' PERSPECTIVE

There are two alternative ways of exploring the patient's illness framework as the interview proceeds. The first is by directly asking for the patient's ideas, concerns, expectations and feelings; the second is by picking up cues provided by the patient during the course of the consultation.

Picking up and checking out cues

Patients are keen to tell us about their own thoughts and feelings. However, when patients do express their views, they are often expressed covertly as cues rather than overtly with direct comments. If the doctor establishes an atmosphere of interest and openness, many of the patient's feelings and thoughts will appear as cues in the attentive listening stage. It can then be a relatively easy and natural process to pick up and explore these cues further. This often feels more comfortable for both patient and doctor than the asking of direct unprompted questions.

It should be emphasised that cues do not only appear as verbal comments. Nonverbal cues in body language, speech, facial expression and affect are also highly significant. To ensure accurate interpretation of such nonverbal behaviour, it is important to observe carefully and then sensitively verify your perceptions with the patient.

Examples of ways to pick up verbal and nonverbal cues include:

Repetition of cues

- "upset....?"
- "something could be done.....?"

Picking up and checking out verbal cues

- "You said that you were worried that the pain might be something serious; what theories did you have yourself about what it might be?"
- "You mentioned that your mother had rheumatoid arthritis - did you think that's what might be happening to you?"

Picking up and checking out nonverbal cues

- "I sense that you're not quite happy with the explanations you've been given in the past. - Is that right?"
- "Am I right in thinking you're quite upset about your daughter's illness"

Asking specifically about the patient's illness perspective

Although picking up patient cues might be easier, asking specifically about the illness perspective is still a very necessary task. Direct questions need careful timing, with good signposting of intent and attention to detail in wording. Different phrasing is required to ask questions about patients' ideas, concerns or expectations:

Ideas (beliefs)

- Tell me about what you think is causing it.
- What do you think might be happening?
- Have you any ideas about it yourself?
- Do you have any clues, have you any theories?
- You've obviously given this some thought. It would help me to know what you were thinking it might be.

Concerns

- What are you concerned that it might be?
- Is there anything particular or specific that you were concerned about...
- What was the worst thing you were thinking it might be?
- In your darkest moments....

Expectations

- What were you hoping we might be able to do for this?
- What do you think might be the best plan of action..?
- How best might I help you with this?
- You've obviously given this some thought. What were you thinking would be the best way of tackling this?

Feelings

Many students find entering the realm of patients' feelings particularly difficult. Impassive objectivity can be appealing; feelings are often difficult to handle and may be painful to the student as well as the patient. It is particularly important therefore to become aware of and practice the skills involved in discovering and responding to patient feelings.

Picking up and checking out verbal cues

- "You said you felt miserable, could you tell me more about how you've been feeling"

Repetition of verbal cues
- "angry....?"

Picking up and reflecting nonverbal cues
- "I sense that you're very tense - would it help to talk about it?" or "you sound sad when you talk about John"

Direct questions
- "How did that leave you feeling?"

Using acceptance, empathy, concern, understanding to allow the patient to feel that you are interested in their feelings (see Chapter 5)
- "I can see that must have been hard for you."

Early use of feelings questions to establish your interest in the subject

Asking for particular examples
- "Can you remember a time when you felt like that - what actually happened?"

Asking permission to enter the feelings realm
- "Could you bear to tell me just how you have been feeling"

How to end the discussion of feelings and not sink into a downward spiral with the patient
- "Thank you for telling me how you have been feeling. It helps me to understand the situation much better. Do you think you've told me enough about how you are feeling to help me understand things?" or
- "I think I understand now a little of what you have been feeling – let's look at the practical things that we can do together to help."

Effect on life

An open question about how the symptoms or illness are affecting the patient's life is an excellent entry into the patient's perspective of the problem and in particular often leads the patient to talk openly about their thoughts and feelings.

PUTTING THE PROCESS SKILLS OF INFORMATION GATHERING TOGETHER

We have now explored each individual process skill of information gathering. But how in practice can you best combine these process skills to negotiate a path through this section of the interview? How can they be used most effectively to discover the content of:

- the biomedical perspective
- the patient's perspective
- background information

Here we present a practical approach to combining the process skills that you can use in everyday practice once you have completed the initiation phase of the interview and identified the list of the patient's problems.

Exploration of both the biomedical and the patient's perspective:

Sequence of events:
Encourage the patient to tell the narrative, use open questioning methods
Listen attentively
Facilitate
Use more directed open questions
Clarify and time-frame
Pick up and respond to verbal and nonverbal cues regarding both disease and illness
Summarise biomedical and patient's perspectives
Signpost to:

Further analysis of each symptom and the relevant systems review:
Start open and gradually move to closed questions
Signpost to:

Further exploration of the patient's perspective:
Use predominately open questions
Acknowledge patient's views and feelings
Signpost to

Discovering the background information:

Use increasingly directed questions, eventually closed