

## **PROVIDING STRUCTURE TO THE INTERVIEW**

### **INTRODUCTION**

The medical consultation is not an aimless or chance meeting, a social chat between two equal friends. It is a choreographed discussion between a professional and a client. The almost invariable pattern is that it is the professional who sets the parameters of the consultation and determines the structure of the interaction. The greater degree of power implicitly rests with the doctor who can determine the time available for discussion, move the interview to new areas, decide how many topics can be discussed today and terminate the interview when he or she wishes. In this book, we have taken a patient-centred or relationship-centred approach to the medical interview and the skills that we have identified promote a collaborative partnership between patient and professional. But as doctors control the shape of the interview, this style of relationship will only occur if doctors structure the interview appropriately.

As students, an awareness of structure at all times throughout the interview will help you to feel that you have appropriate influence on the overall parameters of the encounter. But used appropriately it will also enable the patient to become more involved in the consultation and to take part in a more balanced relationship. Your objectives for this part of the interview therefore include

- enabling a flexible but ordered interview
- helping the patient to understand and be overtly involved in where the interview is going and why.
- encouraging the patient to be part of the structuring process
- encouraging patient participation and collaboration
- enabling accurate information gathering and giving
- using time efficiently

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

#### **Making organisation overt**

- **internal summarising:** summarise at the end of a specific line of inquiry to confirm your understanding before moving on to the next section
- **signposting:** progress from one section to another using transitional statements; include your rationale for the next section

#### **Attending to flow**

- **sequencing :** structure the interview in logical sequence
- **timing:** attend to timing and keeping the interview on task

## **MAKING ORGANISATION OVERT**

### **SUMMARISING**

#### **Why is internal summary a key skill in structuring the consultation?**

Understanding how to structure a consultation via **agenda setting, summarising and signposting** is a key area in communication skill teaching.

Traditionally doctors have imposed structure on the consultation via closed questions which keep doctors “in control” at the expense of rendering the patient passive. But as we have seen, this approach can be highly inefficient, can lead to inaccuracy in obtaining quality information, and can feel unsupportive to the patient. So if staying open and using attentive listening is so effective, why do we shy away from it? Perhaps it is because:

- it can feel like we have lost control of the consultation
- we worry we won’t need or be able to remember all that we are being told
- information flows out in a less ordered form - we seem to be receiving a cloud of unprocessed information that is not in an order that we can easily assimilate

These are very genuine concerns - there is no doubt that open methods do seem to produce a less ordered consultation. However, there is a way out of this difficulty: *structuring the consultation via summary and signposting* provides an alternative method for the doctor to obtain order and appropriate control without sacrificing the benefits of openness.

Summarising as a structuring tool allows you to:

- pull together and review what you have heard so far
- order the information into a coherent pattern
- realise what information you still need to obtain or clarify
- gain space to consider where the consultation should go next
- separate and consider both disease and illness

Learners grappling with the techniques of open questions and attentive listening find summarising especially useful - when unsure of what to ask next or what the patient has already said, summarise and play for time! The very act of summarising and the patient’s response will normally establish the most appropriate path forward without embarrassment or apparent loss of momentum.

Student: “Can I check that I understood what you said correctly – you’ve had pain in both feet for several months, especially on walking and you have also noticed that you have been stiff in all your joints in the mornings and you have been generally tired?”

Patient: “Yes, that’s it – and I’m finding it increasingly difficult to cope with my children now

## **SIGNPOSTING**

### **What is signposting?**

Signposting is the twin skill of summarising. A signposting statement introduces and draws attention to what you are about to say. For example, it is helpful to use a signposting statement to introduce your first summary: this announces what you are going to do and invites patients to think with you, to add in forgotten areas or correct your interpretation if you got something wrong. For example:

*“Can I just check if I have understood you - let me know if I’ve missed something?.....”*

Then the interactive process can continue, as the patient says:

*“No that’s not quite right.....”.*

After summarising produces a “yes” response from the patient, use signposting again to:

- make the progression from one section to another
- explain the rationale for the next section

*“You mentioned two areas there that are obviously important, first the joint problems and the tiredness and second how you are going to cope with your kids. Could I start by just asking a few more questions about the joint pains that would help me understand what might be causing them and then we can come back to your difficulties with the children?”*

or

*“Since we haven’t met before it will help me to learn something about your past medical history. Can we do that now?...”*

or

*“I can see that you are in some discomfort but I need to ask a few questions about the drugs that your doctor has prescribed and then make a brief examination to be able to help sort out what exactly is going on.”*

Use signposting to move from one section to the next so that:

- the patient understands where the interview is going and why.
- you can share your thoughts and needs with the patient
- you can ask permission
- the consultation is structured overtly for you both

Examples of when to signpost during history taking include when moving:

- from the introduction into the gathering information stage
- from open to closed questions
- into specific questions about the patient’s ideas, concerns or expectations
- into different parts of the history
- into the physical examination
- into explanation and planning
- into closing

Summarising and signposting together provide an overt structure apparent to the patient: the patient understands and becomes part of the structuring process. This is so much better than structure via the use of closed questions where the patient is left in the dark about the process of the interview. Summarising and signposting therefore:

- are key skills promoting a collaborative and interactive interview
- make the structure overt and understood to the patient
- allow you and the patient to know where you are going and why
- allow you to signal a change in direction
- establish mutually understood common ground and reduce uncertainty for the patient.

## **ATTENDING TO FLOW**

### **SEQUENCING**

After agenda setting and negotiation have established an overt and agreed plan for the interview, it is clearly your responsibility to help carry out the agreement and maintain a logical *sequence* apparent to the patient as the interview unfolds. A flexible but ordered approach to organisation with clear transitions via signposting from one section of the interview to the next helps both you and the patient in efficient and accurate data gathering.

### **TIMING**

Another important skill to use is timing. There is no doubt that time issues are a constant concern in modern medicine and that we all feel under pressure of time to complete interviews as efficiently as possible. Achieving all the different needs of doctor and patient is not easy in the time available although in fact patient centred interviews take little extra time compared with more traditional approaches. A key skill is therefore being able to manage time effectively in the interview, to pace the session so that balanced amounts of time are taken over each section of the meeting.