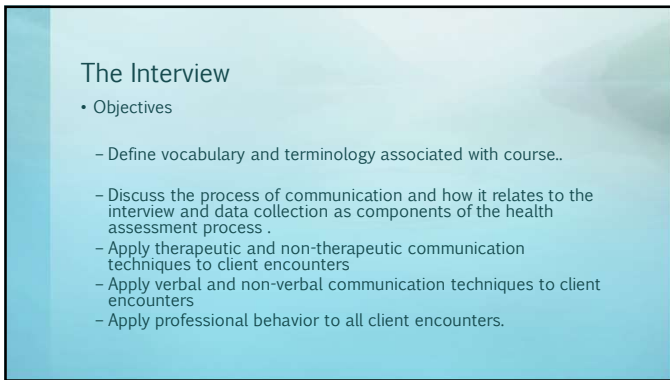
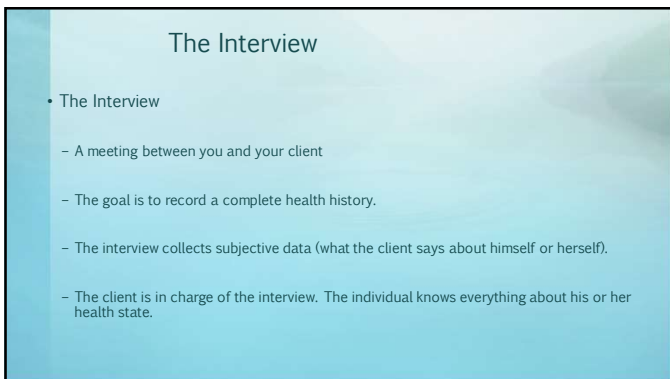


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3

The Interview

- A successful interview will:
 - Gather complete and accurate data about the clients health state, including the description and chronology of any symptoms of illness.
 - Establish rapport and trust so the client feels accepted and thus free to share all relevant data.
 - Teach the client about the health state so that the client can participate in identifying problems.
 - Build rapport for a continuing therapeutic relationship; this rapport facilitates future diagnoses, planning and treatment.
 - Discuss health promotion and disease prevention.

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The Interview

- A contract
 - between you and the client
- Concerns what the
 - Client needs
 - Client expects from health care
 - What clinician has to offer
- Mutual goal is optimal health

5

The Interview

- The terms of the interview (contract)
 - Time and place of the interview and succeeding physical exam.
 - Introduction of the nurse and a brief explanation of the nurses role.
 - The purpose of the interview
 - How long it will take
 - Expectations of participation for each person
 - Presence of any other persons (family, students, other health care professionals)
 - Confidentiality and to what extent it may be limited
 - Any cost that the client must pay

6

The Interview

- The vehicle that carries the interview is communication
- Communication is
 - Exchanging information
 - So both parties understand each other
- If you do not understand each other, If you have not conveyed meaning, no communication has occurred.
- Communication is all behavior, conscious and unconscious, verbal and nonverbal.

7

The Interview

- Sending
 - Verbal communication- the words you speak, vocalization, the tone of voice
 - Non-verbal communication-body language, posture, gestures, facial expression, eye contact, foot tapping, touch, where you place your chair. Is more reflective of your true feelings
- Receiving
 - Your words and gestures must be interpreted in a specific context to have meaning. The receiver puts his or her own interpretation on them. The receiver attaches meaning determined by his or her past experiences, culture, and self-concept as well as current physical and emotional state.
 - In the health care setting there is a greater risk for misunderstanding. The clients frame of reference is narrowed and focused on illness

8

The Interview

- Internal factors
 - What the examiner brings into the interview
 - The nurse must cultivate the following:
 - Liking others
 - Empathy
 - The ability to listen
 - Self Awareness

9

interview

- External Factors
 - Prepare the physical environment
 - Ensure privacy
 - Refuse interruptions
 - Physical Environment
 - Dress
 - Note taking
 - Electronic Health Recording

10

interview

- Three parts to an interview :
 - The introduction phase
 - The working phase
 - The closing phase

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interview

- The Introduction Phase:
 - Remember to keep the beginning short
 - Address the client using his or her surname, and shake hands.
 - Introduce yourself, and state your role in the agency.
 - Give the reason for the interview
 - Ask an open-ended questions and then let the client proceed.
 - Rapport is best built when the client discusses their concerns early in the conversation.

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interview

- The Working Phase
 - Data gathering
 - Verbal skills include your questions to the client and your responses to what the client has said.
 - Two types of questions exist
 - Open ended questions
 - Closed ended questions

13

interview

- Open ended questions
 - Ask for narrative information
 - States the topic to be discussed in general terms
 - "What brings you here today?"
 - Respond to the first statement with "Tell me about it." or "Anything else?"
 - Is unbiased
- The Nurse should:
 - Acutely interested
 - Lean forward slightly
 - Make eye contact.

14

Interview

- Closed or Direct Questions
 - Ask for specific information
 - Elicit a short, one of two word answer, yes, no or a forced choice.
 - Use after the person's opening narrative to fill in any details he or she left out.
 - Use when you need many specific facts
 - Ask only one direct question at a time
 - Choose language the client understands.

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interview

- Responses that assist the narrative
 - There are nine types of verbal responses
 - The first five involve the nurses reactions to the facts or feelings the client has communicated.
 - The nurses response focuses on the clients frame of reference.
 - The client leads
 - The last four responses express the nurses thoughts and feelings
 - The frame of reference shifts from the client to the nurse
 - The nurse leads

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Interview

- The first five response that assist the narrative
 - Client focuses
 - Facilitation
 - Silence
 - Reflection
 - Empathy
 - Clarification

17

Interview

- The last four responses that assist the narrative
 - Nurse focused
 - Confrontation
 - Interpretation
 - Explanation
 - Summary

18

interview

- Ten traps of Interviewing
 - Nonproductive defeating verbal messages or traps
 - They restrict the client responses
 - Providing false assurance or reassurance
 - Giving unwanted advice
 - Using authority
 - Using avoidance language
 - Engaging in distancing
 - Using professional jargon
 - Using leading or biased questions
 - Talking too much
 - Interrupting
 - Using Why questions

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interview

- Non-verbal modes of communication include:
 - Physical Appearance
 - Posture
 - Gestures
 - Facial expressions
 - Eye contact
 - Voice
 - Touch
- Important in conveying information especially feelings
- When nonverbal and verbal messages are congruent, the verbal is reinforced.

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interview

- Closing the interview
 - The session should end gracefully
 - "Our interview is just about over."
 - No new topics should be introduced
 - The nurse gives a summary what he/she has learned during the interview.
 - The summary is a final statement of what you and the patient agree the health state to be.

21

INTERVIEW

- Developmental Competence
 - Interviewing the parent
 - Child is the patient, the nurse must build a rapport with the child and the parent.
 - Focus more on the parent, the child can observe your interaction with the parent, see that the parent accepts and likes you and relax.
 - Interview the parent and the child together
 - Sensitive topics, explore them when the parent is alone
 - Provide toys to occupy the child
 - Observe the parent and child interaction
 - With younger children the parent will provide most of the history
 - When collecting developmental data, avoid being judgmental about the age of achievement of certain milestones.

22

INTERVIEW

- Developmental Competence
 - Interviewing the parent
 - Refer to the child and parent by name
 - Do not ignore the child completely
 - Ease into the physical exam
 - Begin the physical exam by asking about the toy the child is playing with or what toys does the child play with at home.
 - Non-verbal communication is more important with children. They are quick to pick up feelings of anxiety or comfort from non-verbal cues.
 - The nurses physical appearance should be neat and clean and avoid formal uniforms.
 - Keep gestures slow, deliberate, and close to the body.
 - Use a quiet measured voice, and choose simple words in your speech.

23

INTERVIEW

- The Infant
 - Non-verbal communication is the primary method of communicating with infants
 - Respond best to firm, gentle handling and a quiet, calm voice.
 - The nurses voice is comforting even though the infant does not understand the words.

24

- The toddler (12-36 months)
- Begin to develop communication skills
- Begin communicating with one-two word sentences
- Speaks about 200 words by age 2
- Telegraphic speech-combination of a noun and a verb and includes only words that have concrete meanings.
- Want to know why

25

INTERVIEW

- The Preschooler (3-6 years)
- Egocentric- world is seen from their point of view.
- 3 year old uses more complex sentences.
- 3-4 year old uses three or four word telegraphic sentences containing only essential words.
- 5-6 year old, sentences are six to eight words long and grammar is well developed.
- Preschoolers communication is direct, concrete, literal and set in the present.
- Use short simple sentences with a concrete explanation for any unfamiliar equipment.
- Have animistic thinking about unfamiliar objects. Imagine that unfamiliar inanimate objects can come to life and have human characteristics.

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INTERVIEW

- The School Age Child (7-12 years)
- Tolerate and understand others viewpoints.
- More objective and realistic
- Want to know how things work
- Can read
- Thinking is more stable and logical
- Can decenter and consider all sides of a situation to form a conclusion.
- Can reason, but is limited. Can not deal with abstract ideas.
- Has the verbal ability to add data to the history.
- Interview the child and parent together. When a presenting symptom or sign exists, ask the child about it first and then gather data from the parent.

27

INTERVIEW

The Adolescent

- Begins with puberty
- Includes rapid growth in height, weight, and muscular development; development of primary and secondary sex characteristics; and maturation of the reproductive organs.
- A changing body affects a person's self concept
- Want to be adults, but do not have the cognitive ability yet.
- Value their peers, crave acceptance and sameness with their peers.
- The nurses attitude must be one of respect.
- Communication must be honest
- Avoid using language that is absurd for your age and professional role.
- Focus on the adolescent
- Avoid asking questions about parents and family

28

INTERVIEW

- The Adolescent
 - Explain every step and give the rationale. They need direction. Encourage questions.
 - The nurse needs to keep his/her questions simple
 - Silent periods and reflection are best avoided.
 - After the nurse develops a rapport, the nurse can address the topics that are emotionally charged, including smoking, alcohol and drug use...
 - May be reluctant to share information
 - If confidential material is uncovered during the interview, consider what can remain confidential and what you feel you must share for the adolescents well being.
 - Take every opportunity for positive reinforcement.
 - For lifestyle choices that are risky, this is an opportunity for discussion and early intervention.

29

INTERVIEW

- The Older Adult
 - Aging adults have the developmental task of finding the meaning of life and the purpose of his or her own existence, and adjusting to the inevitability of death.
 - Always address the person by the last name
 - Avoid elder speak- consists of honey, sweetie, and inappropriate plural pronouns, such as we, tag questions (you would rather sit in this nice chair, wouldn't you?) and shortered sentences, slow speech rate, and simple vocabulary that sounds like baby talk.
 - The interview usually take longer, adjust the pace of the interview.
 - Avoid trying to hurry them along.
 - Consider physical limitations when planning the interview.
 - Do not shout at the hard of hearing older adult. Shouting distorts speech.
 - Touch is a nonverbal skill that is very important to older clients. A hand on the arm or shoulder is an empathic message that communicates you empathize with the person and want to understand the problem.

30

INTERVIEW

- Hearing Impaired Clients
 - Feel marginalized by professionals and that their intelligence is questioned.
 - Many will tell you in advance of the hearing deficit.
 - Some need to be recognized by clues, such as staring at the nurses mouth and face , not attending unless looking at you, or speaking in a voice unusually loud or with guttural or garbled sounds.
 - Without communication the hearing impaired client feels isolated.
 - A complete health history requires a sign language interpreter.
 - If a client prefers lip reading be sure to face the client squarely and have good lighting.
 - Shouting distorts the reception of a hearing aid.
 - Speak slowly, and supplement your voice with appropriate hand gestures.
 - Nonverbal cues are important adjuncts because the lip reader understands at best only 50% of your speech.

31

INTERVIEW

- Acutely Ill People
 - Emergent situations require combining the interview with the physical exam
 - Focus the interview on pertinent information only
 - History of present illness
 - Medications
 - Allergies
 - Last meal
 - Basic health state
 - Subjective information is a crucial component
 - Interview while performing lifesaving actions
 - If client is too weak, too much pain, or too short of breath
 - Focus on making the client comfortable
 - Ask closed, direct questions
 - Anything you say should be direct and precise

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INTERVIEW

- People under the influence of street drugs or alcohol
 - Ask simple and direct questions.
 - The nurses manner and questions must be non-threatening
 - Avoid confrontation
 - Avoid displays of scolding or disgust.
 - Top priority is to find out the time of the person's last drink or drug and how much he or she drank, as well as the name and amount of other drugs taken.
 - Be aware of hospital security or other personnel who could be called on for assistance.

33

INTERVIEW

- Personal Questions
- Sometimes client may ask nurses questions about their personal life or opinions
- The nurse may supply brief information when the nurse feels it is appropriate.
-
- Try directing your response back to the client's frame of reference.

34

INTERVIEW

- Sexually Aggressive People
- Sometimes personal questions extend to flirtatious compliments, seductive innuendo, or advances.
- The nurses response must make it clear that you are a health professional who can best care for the client by maintaining a professional relationship.
- The nurse should not tolerate sexual advances
- The nurse needs to set appropriate verbal boundaries by saying " I am uncomfortable when you talk to me that way, please don't."

35

INTERVIEW

- Crying
 - A big relief to a client
 - Usually means the nurse has found an important topic
 - Do not go onto a new topic
 - Let the client cry and express his or her feelings

36

INTERVIEW

- Anger
 - Try not to personalize the anger.
 - The client is showing aggression as a response to his or her own feelings of anxiety or helplessness.
 - Do ask about the anger and hear the client out.
 - Deal with the angry feelings before you ask anything
 - If the nurse is angry when she walks into the interview, the nurse should tell the client that she is angry at something or someone else.

37

INTERVIEW

- Threat of Violence
 - An individual may act with angry gestures that the nurse may feel threat to personal safety.
 - Red flag behaviors such as fist clenching, pacing, vacant stare, confusion, statements out of touch with reality, statements that do not make sense, and a history of recent drug use, recent history of bereavement.
 - The nurse must trust her instincts
 - Immediately diffuse the situation
 - Leave the door open, and position yourself between the client and the open door.
 - The nurse should not raise their voice or try to argue with the angry client.
 - Act quite calm and talk to the client in a soft voice.
 - Act interested in what the client is saying and behave in an unhurried way.
 - The goal is safety, avoid taking risks

38

INTERVIEW

- Anxiety
 - All sick people have some anxiety
 - Normal response
 - Makes some aggressive
 - Others dependent
- Appearing unhurried and taking the time to listen can diffuse some anxiety

39

INTERVIEW

- Cultural Considerations
 - Violating cultural norms on male-female relationships may jeopardize a professional relationship
 - Ask the person about culturally relevant aspects of male-female relationships.
 - Modesty
- Heterosexism
 - The belief that heterosexuality is the only natural choice and assumes that everyone is or should be heterosexual.
 - Changes in your communication and nursing practice can help avoid heterosexism.

40

INTERVIEW

- Working with an Interpreter
 - A challenge occurs when the nurse and client speak different languages.
 - Interviewing the non-English speaking person requires a bilingual interpreter for a full communication.
 - Do not use family members, other clients, or a friend because this violates confidentiality.
 - Also having a relative interpret adds stress to an already stressful situation.
 - Work with a bilingual interpreter. A trained interpreter is knowledgeable about cultural beliefs and health practices.
 - Although Interpreters are trained to remain neutral, they can influence both the content of information exchanged and the nature of the interaction.

41

INTERVIEW

- Working with an Interpreter
 - The nurse is in charge of the focus and flow of the interview. However the nurse should work with the interpreter as a team member.
 - The interpreter should meet with the client before to establish rapport and to determine the patient's age, occupation, educational level, and attitude toward health care.
 - Place the interpreter next to the patient and make eye contact with the patient.
 - Ask the questions directly to the patient.
 - Use simple language
 - Be alert to nonverbal cues as the patient talks.

42

INTERVIEW

- Health Literacy
 - The ability to
 - understand instructions
 - navigate the health care system
 - Communicate concerns with the health care provider
 - Ability to use quantitative information
 - Understand and remember verbal instructions
- 9 out of 10 people do not have adequate health literacy
- Low health literacy
 - Low medication compliance
 - More emergency department visits
 - Increased readmission rates
 - Inability to recall information after a clinic visit
 - Inability to effectively manage chronic illness
 - Leads to increased cost of care
 - Poor outcomes

43

INTERVIEW

- What Can You Do?
 - Oral Teaching
 - Complete a screener
 - Give all clients simple instructions at a lower reading level is acceptable
 - Keep medical information simple
 - Use short sentences
 - Use words containing no more than two syllables
 - Limit the number of messages you are giving the client
 - Tell the person what they will gain by following your instructions
 - Present only needed information
 - Focus on the client
 - Use the active voice
 - Avoid jargon
 - Speak as if speaking to a friend (avoid medical jargon)
 - Allow time for client to ask question

44

INTERVIEW

- Written Material
 - Assess the appropriateness of the material
 - Should be at a 5th grade or lower level
 - Material should be 12 point
 - Avoid all capital letters
 - Use headings and subheadings
 - Use bullet points
 - Limit medical jargon
 - Carefully select appropriate graphics

45

INTERVIEW

- Teach Back
 - Simple and free
 - Allows practitioner to assess whether the client understands
 - Immediately corrects misconceptions
 - Encourages client to repeat in their own words what you have just said
 - Opens the door for the client to ask questions

46

Communicating with other Professionals

- Learn to communicate effectively with other professionals
- Interprofessional communication is communication that occurs between 2 or more individuals from different health professions
 - Requires an environment of mutual respect and collaboration
- Ineffective interprofessional communication has been linked to delays in treatment, medication errors, misdiagnosis, patient injury, and death.
- Ensure you provide timely updates, communicate in a clear, succinct manner, are polite and respectful, and use communication tools such as SBAR.

47

Standardized Communication

- SBAR
 - Situation
 - Background
 - Assessment
 - Recommendation

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