ORIGINAL CONTRIBUTION

How to Conduct the Patient Interview

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In this three-part series, EMS World columnist Mike Rubin discusses interviewing techniques. Part 2 focuses on patient Q&A.

"What seems to be the problem?"

I can't tell you how many patient interviews I started that way—hundreds, at least—probably because that's how doctors and nurses spoke to me when I was growing up. Then one day I decided my opening sounded a little patronizing, as if "the problem" only *seems* to be one to the patient and, in fact, isn't much of a problem at all.

Yes, I know that's a lot of analysis for a pretty common expression, but the way we approach patients is just one aspect of assessment that can be enhanced easily without rewriting protocols or going back to school. We're going to cover lots more about evaluating patients but first, let's consider what effective interviewing is and is not.

Interviewing is a bit like selling. A good interviewer (salesperson) tries to get the subject (buyer) to part with something of value: information instead of money. Doing that requires strategy and practice. More important, though, a successful interviewer needs specialized communication skills—not the kind that leads to long discourses on cerebral topics in rooms full of people, but the kind that allows the interviewer to effortlessly connect with the subject in an engaging and efficient manner, yielding an exceptional ratio of useful information per minute of conversation.

Good interviewing also requires humility—the ability to subordinate one's ego to the task at hand. Interviewers who make themselves the focal point of interviews—and the
with observations and anecdotes of their own in
sound as if the subject were interviewing the inte

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Interviewing patients in the field requires flexibili
EMS, emergent and nonemergent, that require d

In emergent scenarios with verbal patients, minu
can usually take more time to learn about the pa
complaint.

Let's start with similarities between emergent an

The Initial Encounter

Meeting anyone for the first time should involve,
by trying to put the subject at ease. When "What
call us today?" Direct, but also a bit condescend
me with disgust and answered with as much sar

I wasn't happy with my opening until I started greeting patients the way I did almost everyone else: "How's it going?" It didn't seem

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Don't forget the part about eye contact. I think the biggest mistake many responders make is to approach their patients wearing sunglasses. Talk about condescending, particularly indoors!

Next it's time for some *high-frequency listening*—by us, not by our subjects. Remember, this isn't about us.

High-frequency listening means focusing on our patients and absorbing their answers, not just with our ears but with our eyes, too. Every expression, every gesture, every movement can be part of the information we're looking for. This isn't the time to be thinking about our next call or our next meal.

Is the patient sick, scared or in pain? Are they hiding something? The answer to all of those questions is probably yes, but watch for the ways questions are answered. A subject's words plus tone plus body language equals a whole lot of feedback.

Some crews double- or even triple-team patient interviews. That just makes it harder for interviewers to progress in an orderly way from the general to the specific and ramps up the intimidation factor for the subject.

The most challenging of all interviewing skills is absorbing verbal and nonverbal cues while formulating new questions—open-ended, whenever possible—based on previous answers. It's easy to let experience or fatigue overwhelm high-frequency listening and make us resort to a mental script of practiced questions, but it's the ability to vector toward unanticipated, possibly valuable information that earns an interviewer exceptional results.

Now that we've covered all-purpose patient interviewing techniques, it's time to discuss the differences between emergent and nonemergent patients.

The Emergent Patient

Setting aside scene safety for the moment, if recognizing how urgently a patient needs care is the first step of a "doorway assessment," the second step would arguably be deciding how effectively we can deal with serious illness outside of a hospital.

Except for when we encounter a clear case of *treat right now*, such as cardiac arrest or profound hypoglycemia, we need to concede that we have neither the tools nor the training to consistently diagnose and treat illnesses correctly, and that hospitals are good places to get help. Once we buy into that, our efforts on scene should be focused on initiating transport, which means the clock is ticking as soon as we start our patient interview.

When I was in EMT class I learned to use the mnemonic SAMPLE as a guide for that interview. That isn't always the best approach. Not only are A (allergies), M (meds), L (last meal) and E (precipitating events) often not as important as other questions during our first 60 seconds with a patient but, as EMS educator Dan Limmer points out, SAMPLE is too much of a rote process that doesn't encourage vectoring toward a chief complaint's likely cause.

With experience, many field providers employ a two-step emergent patient interview that is a better use of limited time than front-loaded SAMPLE, but still consistent with the phil

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1. Spend the first minute discovering what yo
2. Finish the interview en route while assemb

The Nonemergent Patient

A distinctive aspect of working in a nontradition
with nonemergent conditions that make transpo

As our industry assimilates the community-para
like mild pain or minor GI upset. A willingness to
diligence and customer service, should be as mu
patients.

A good way to proceed during interviews with no
progressively update an "inventory" of their com
shows you understand what the subject told you
like "discomfort" or "odd feelings" are more ope

Don't hesitate to clarify answers to your questio

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communication skills that go beyond SAMPLE checklists. A minimalist approach to dialogue with patients, considered preferred if not essential in what was once almost exclusively a light-and-sirens environment, isn't acceptable when prehospital interventions require a thorough understanding not only of chief complaints, but also how the physical part of illness and injury is framed by the patient's environment.

Be considerate, be as thorough as time permits, and pay attention!

Next time we'll talk about interviewing prospective employees.

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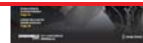

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EMS Poll

With the recent COVID surge, has your hospital diversion problem become worse?

- Significantly worse, frequent long waits
- Moderately worse, occasional long waits
- Minimally worse, infrequent long waits
- No real change (or it's gotten better)

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