The Structure of the Medical Interview

Elma I. LeDoux, MD, FACP, FACC
Associate Professor of Medicine

Gathering detailed information...

is essential to establishing a differential diagnosis

Reporter
- Who
- What
- Where
- When
- How
- Why
- Effect

Clinician
- Reason for visit-"chief complaint" and duration
- Location (anatomic)
- Quality (e.g. throbbing)
- Quantity (on 0-10 scale)
- Timing (duration, frequency, progression)
- Setting (context, precipitating events)
- Exacerbating/Relieving Factors
- Associated manifestations
We are able to correlate the probability of a disease with the sensitivity and specificity of the symptoms gleaned from the interview.

- This is called establishing the differential diagnosis (DDx)
- The DDx will guide the exam and ordering of appropriate tests
- The accuracy of your differential diagnosis is enhanced by a thorough history (Hx), and it is greatly compromised by an incomplete one
- History-taking also provides clues to illness based on the patient's appearance, mood, and body language
- A superb history provides the correct Dx 80% of the time
- The physical exam and laboratory testing should collaborate Hx
- The process itself allows the formation of rapport with the patient and is part of the "art" of medicine

The art and science of observation and history-taking has been performed for centuries

Hippocrates 400 B.C.  Sir William Osler 1904

Sir William Osler 1857-1919

Considered the "Father of Modern Medicine"
Popularized the concept of residency training with emphasis on the systematic bedside exam
Served at Penn, Johns Hopkins, and Oxford
Also renowned for his writings, wit, and aphorisms:
"Medicine is a science of uncertainty and an art of probability."
"If you listen carefully to the patient, they will tell you the diagnosis."

Preparing to Interview the Patient:

- Introduce yourself; explain your role and what you will be doing
- Make sure the patient is comfortable and acknowledge pt's. pain/fear
- Make the area is as private and quiet as possible
- Sit down in a chair next to the patient, if at all possible. (This may not be possible in an emergency.) JAMA 1997
- Be ready to LISTEN... (and not interrupt after 18 seconds)--and to make note of body language... of incongruities (e.g. pt is smiling while relating details of 10/10 pain)
- Protect and respect that time—do not answer cell phone during interview. No eating, drinking, or gum chewing.
- Consciously consider what the patient's limits to participation might be (disability, language barrier, etc.), and make the necessary adaptations, as possible
- Depending on the circumstances, you may need to ask that family members step out during the interview.
There is an established method and order for taking the patient's history:

1) Chief complaint—why is the patient there?
2) History of present Illness – start from the beginning
3) Past medical history (illnesses, surgeries in chronologic order)
4) Medications, along with doses and indications
5) Allergies
6) Family History
7) Social History/Sexual History
8) Review of Systems (HEENT, Endocrine, Pulmonary, Cardiac, Gastrointestinal, Genitourinary, Musculoskeletal, Neurologic, Skin, Psychiatric)

After this is completed, the physician then moves on to the physical exam. Vital signs and appearance are noted first, then a systematic exam from head to toe is performed.

The Chief Complaint answers “Why did you come to the hospital?”

- Should be in the patient’s own words—NOT an interpretation of the patient’s words
- Consists of symptom(s) and duration (e.g. "right foot pain for 2 days")

All of your other questions will be based upon this. Your questions should be open-ended: “Tell me about what you first noticed”… "Then what happened”… etc.

To help you remember the features of the HPI, the mnemonic “FAR COLDER” can be employed:

- Frequency
- Associated symptoms
- Radiation
- Character
- Onset
- Location
- Duration
- Exacerbating factors
- Relieving Factors


Scenario #1: Taking a Good History (Vicariously)

- One of your classmates and I will role play and each of you will record the history, entering data for the Chief Complaint (c.c.) and for each aspect of the HPI on the paper
- After you have gathered this data, take a few minutes to weave this information into a streamlined, smooth narrative.
- See example in the next slide.
C.C. “chest pain” for 30 minutes

The patient is a 56 year old man who was in his usual state of health until 12:15 pm today, at which time he noted the gradual onset of substernal chest pain which began while he was pulling weeds in his garden outside. The pain was “squeezing” and radiated to the left side of his neck. Initially the pain was 2/10 but increased to 6/10 after 5 minutes and remained constant at that intensity even after he sat down and rested in the shade. Nothing seemed to relieve the pain or make it worse. His wife became concerned and called 911; EMS brought him to the E.R. at 12:45. The patient says that he has experienced this discomfort previously over the past few weeks while walking fast, but it has always eased when he rests for 5 minutes. In addition to the pain, the patient also reports mild shortness of breath and nausea since the pain became more intense.

THE HURRIED INTERVIEW

Another role-playing session…

Scenario #2: The Hurried Interview

Attempt to fill in the c.c. and FAR COLDER…

What has been left out?
What non-verbal clues did the physician ignore?
What aspects of the interview were performed acceptably?
What would you do differently?
Now, let’s repeat scenario #2 correctly…

Scenario #3: Repeating #2 Correctly

Fill in the rest of “far colder”

What new information did we learn?
What question(s) or unspoken clues allowed us to uncover this new information?
How does this new information change our treatment priorities?
You know you're in Med School when...

#5 You look at the clock and can't decide whether it's 6 pm or 6 am
#4 You make a choice between eating or sleeping...and end up doing neither
#3 Your family is worried because they haven't heard from you since the White Coat ceremony
#2 Your clothes and your car smell...preserved

#1 Everything reminds you of something from Gross Anatomy