

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student introduced him/herself clearly and appropriately, and elicited and acknowledged an introduction from the patient.

This simple action can actually be a very powerful tool that helps to begin the development of rapport. Done well, the dental student introduces him/herself forthrightly and truthfully in a friendly manner that inspires the confidence of the patient. That is, first impressions do matter. They set the stage and create the context for the development of the relationship. Crucial to this introduction are the non-verbal behaviors that accompany it.

It is equally important, if not more important, to elicit and acknowledge an introduction from the patient. This social behavior sets the power dynamic for the relationship. If only the dental student is introduced, then the power balance becomes weighted for the dental student. The assumption behind such behavior is something like, “I am the one in charge here, and you are the object for my consideration.”

Such a dynamic is destructive to the building of rapport where the establishment of mutual respect is fundamental. So, to build rapport, both partners must be introduced into the interaction with mutual acknowledgement and respect in order to create a balanced foundation for proceeding with the “work” of the encounter.

More Effective

“Hello, I am Andrea Johnson, a third-year dental student here at the University of Michigan, and I’m pleased to have the opportunity to begin working with you.”

Followed by a silence that invites response, or an inquiry such as, “And you are...?”

Appropriate non-verbal behaviors might include an adequately modulated, friendly tone of voice, forthright eye contact, and a handshake.

It is also advisable to repeat the patient’s name (as introduced) and to clarify the patient’s preferred mode of address. E.g., Mary or Mrs. Smith. Additionally, it is advisable to actually use the patient’s name in addressing him/her, appropriately throughout the interview.

Less Effective

Hello, I’m the dentist assigned to you today, and it says in your file that you’re here to see me because you have periodontitis.

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The dental student encouraged the patient to tell him/her about the problem(s) in the patient's own words.

With this behavior the dental student presents a willingness to listen and a curiosity about the patient's concern(s). Appropriate active listening skills and nonverbal behaviors create the encouragement that supports the patient in revealing his/her understanding of the problem. When done well, the dental student gains insight, not only into the patient's perception of the problem, but also into how the patient thinks about the world and acts in it. Information about the patient's reasoning skills, health beliefs, lifestyle habits, family support network, preferred treatment modalities, and past efforts of health care management become available. Gathering this information in this manner, verbally, in real time, directly from the patient, with the dental student functioning as facilitator, creates the role of consultant and partner for the patient. It forms the basis for effective cooperation, creating a health care alliance.

Not doing so risks sidelining, marginalizing, and diminishing the patient.

More Effective

Presents a willingness to listen to and a curiosity about the patient's concern

- “What brings you in today?”
- “Why did your husband want you to come in?”
- “Tell me about...”
- “I'd like to hear more about...”
- “How long have you had this problem?”
- “Does anything make it better or worse?”

Less Effective

Preempts the opening conversation by making summary statements

- “It says here that...”
- “My assistant told me...”
- “When I talked to your husband, he said...”
- “I see that your problem is...”

- Encouraged patient to tell his/her story
- Listened attentively without interrupting
- Facilitated patient's responses both verbally and nonverbally (encouragement, silence, repetition, paraphrasing)
- Established dates



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The dental student elicited the patient’s concept of the problem(s).

It is important to explore the patient’s rationale and hypothesis for the disease (or chief concern). A broad, open-ended question such as “What do you think is going on?” is appropriate. While the information gathering phase of the interview does not establish the diagnosis, it does focus the possible (and probable) diagnosis. This focusing process is an essential element for effective treatment management:

- This step invites the patient into the diagnostic process as a consultant.
- This step reinforces the concept of the patient’s health awareness and responsibility for health management, two concepts central to effective treatment.
- This step may be effective in generating self-diagnosis, whereby the patient is correct in identifying the disease, and accepts, to whatever degree, the existence of the problem within him/herself.
- If the patient does not self-diagnose correctly, the step is still useful because it identifies the patient’s alternative diagnosis or lack of one. It is within this framework that the educational skills of the dental student can be engaged. *Example.* “I see what you were thinking: to you a sore that keeps bleeding is cancer. I’d like to reassure you that while that is often true, in this case, all the evidence suggests that the bleeding is due to a condition called periodontitis. I will bring your concern to my supervising faculty member for her opinion.”
- This step then establishes the patient’s “ownership” of the diagnosis, a crucial piece in the negotiation of an effective treatment plan. The patient is more likely to engage in effective treatment strategies if they “buy in” to the diagnosis.

More Effective	Less Effective
<p>Uses confirming/affirming statements and positive tone of voice</p> <p>“I see what you’re thinking.”</p> <p>“I hear what you’re saying.”</p> <p>“I understand.”</p> <p>“It’s clear to me that you are very concerned with your oral health.”</p> <p>Any statement that indicates valuing of and support for the patient’s thinking.</p>	<p>Uses discounting statements and negative tone of voice</p> <p>Stony silence followed by, “Now let me tell you what I think.”</p> <p>Judgmental facial expressions</p> <p>“I don’t see how you came to that conclusion.”</p> <p>Any statement that indicates dismissal of the patient’s reasoning/ thinking</p>

- Determined and acknowledged patient’s ideas
- Explored patient’s concerns and worries
- Encouraged expression of emotion

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student explored the history of this problem(s) and past medical history through the appropriate use of open-ended and closed questions.

Obtaining an accurate history is a primary agenda of the dental student. Even though this process is primary and compelling, it is best to pursue its completion in a nonlinear manner rather than a linear one. Assisting the patient in the focused discussion of his/her past medical history is a more effective skill than “serial questioning”. Such focused discussion encourages a sense of empowerment in the patient, and a sense of responsibility and accountability in managing one’s affairs. Requiring the patient to provide minimal answers to a series of questions fragments the patient, diminishes this capacity of empowerment, and has the effect of reducing the patient to less than a whole person. To illustrate:

More Effective

Open-ended questions: questions that can be thought of as essay questions rather than multiple-choice or fill-in-the-blank.

“Tell me more about the problem that brought you in today”

“What kinds of health problems have you faced in the past?”

“How did you cope with them?”

Facilitations are verbal statements and/or nonverbal cues that encourage the patient to continue speaking.

“Tell me more about that pain...”

Making a comment such as “uh-huh”, “go on”, “tell me more”

Nodding one’s head or providing attentive silence

Checking and clarification are techniques used to focus the patient’s speaking and to verify accuracy of understanding.

“So this is the third time in the past year that you’ve had this pain?”

“I’d like to understand more about your pain. On a scale of 1-10, could you describe its intensity?”

Less Effective

Serial Questioning:

On a scale of 1-10, how much pain are you in? (Asked as the “opening” question)

Have you had your tonsils removed? Your gall bladder? Your appendix?

Lack of Facilitating:

Providing no verbal support to encourage the patient’s speaking

Non-attentive silence

Looking elsewhere while the patient is speaking

Lack of Verifying:

Making no attempts to achieve accuracy of understanding

Providing no feedback to the patient’s disclosure (providing no comment and no eye contact)

Writing “mysteriously” in the file while patient is speaking

- Used open-ended questions
- Checked information
- Pursued clarification

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student elicited the patient's chief concern.

This process is best begun with a broad, open-ended question such as, “What brings you in today?” Then, depending on the patient’s answer, the chief concern is obtained, or must be pursued through other focused and open-ended questions.

Example. The patient answers, “I’m worried about my bleeding gums.” (Chief concern is obtained) The patient answers, “My husband insisted that I come here.” (Follow-on questions might include, “What do you think concerns your husband?” in order to probe effectively to obtain the patient’s concept of the chief concern.

This process is important because it clarifies what is important to the patient. This is a helpful cue to establishing an effective treatment plan later on in the interview. A good rule of thumb is to treat the patient’s most pressing concern first where it is feasible and responsible to do so. Simply put, this creates patient satisfaction. It is a process that invites the patient’s health awareness, prioritization of problems, and establishment of willingness to proceed with treatment. The patient is consulted in the interview, and by doing so effectively, the balance of power is maintained, and rapport is developed.

More Effective

Presents a willingness to listen to and a curiosity about the patient’s concern

“What brings you in today?”

“Tell me about...”

“I’d like to hear more about...”

Less Effective

Preempts the opening conversation by making summary statements

“It says here that...”

“The D-4 student says that...”

“I see that your problem is...”

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student used non-verbal communication (eye contact, head nodding, leaning forward) to demonstrate that he/she was interested in the patient and listening attentively.

More Effective

Displays positive habits of nonverbal communication

Effective eye contact. Looks the patient “in the eye” (but be aware that in some cultures this can be perceived as being too aggressive).

Appropriate eye contact, one that seems open when listening and narrowed when preparing to speak

Appropriate head nodding, one that indicates confirmation and validation of what the patient is saying

Appropriate leaning forward, one that invites the patient to speak and seems to open the channels of communication (a bridging motion)

Less Effective

Displays poor habits of nonverbal communication

Lack of nonverbal communication (rigid, lack of affect, robot-like)

No or poor eye contact, looking away from the patient

Inappropriate eye contact, one that seems narrowed when the dental student is listening and open when the dental student is speaking

No affirmative head nodding

Leaning away from the patient

Looks at the file folder while the patient is speaking

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student responded appropriately to the patient's feelings throughout the interview.

The notion of treating the whole person can be achieved through responding to the patient's feelings throughout the interview. The patient is not just a set of teeth to be examined, a radiograph to be interpreted, lab tests to be reviewed or an oral hygiene program to be prescribed. The patient most probably has feelings related to any of these processes, and acknowledging and understanding these feelings are critical to establishing rapport and to the ultimate success of the treatment plan. Dental students are often perplexed at the wisdom of such an undertaking. They feel uncertain of their role and of their skills. For purposes of this initial interview, simple acknowledgement of the patient's feelings is all that is suggested. Cues to the acknowledgement of these feelings are often found in the non-verbal behaviors of the patient (tone of voice and facial expressions are major indicators.) The acknowledgement of these feelings often lead to clarification of the patient's concerns while having the even more important effect of legitimizing and validating the entire person. It is not necessary to be right when offering the observation, just approximately on target. Because such an observation is intended as a lead, ensuing discussion with the patient will provide clarification.

More Effective

“You seem overwhelmed by all this information.”

“You seem worried about your oral health.”

“I notice you look upset when we talk about the number of appointments necessary to complete your treatment.”

“I see that you're concerned about your symptoms and what they might mean.”

(These statements are meant to be spoken as “leads”, invitations for the patient to speak, not as declarations of the dental student's opinions.)

Less Effective

Ignoring all affect

Discounting affect (There's nothing to be worried, upset, concerned, overwhelmed about.)

Making authoritative declarations of the patient's affect (E.g., You certainly are the worrying type.)

- ❑ Picked up verbal and nonverbal cues and checked them out

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student accepted the legitimacy of the patient's views; was not judgmental.

With effective demonstration of this behavior, the dental student provides validation and acceptance of the patient's perspective. The dental student acts as an uncensoring recorder of the patient's affect and reasoning. This is not the same, necessarily, as agreeing with the patient. This behavior simply illustrates the dental student's ability to see the "world" as the patient does. Through this acknowledgement the dental student affirms the patient's standing in the relationship as one of a contributing partner to the health care alliance. An effective team is created when the dental student demonstrates authentic valuing of the patient through affirming, confirming statements and positive tone of voice. Authentic valuing may be a predisposition already existing in the dental student or it can become an acquired behavior through the genuine experience resulting from effective patient-centered interventions. Inauthentic valuing, the use of valuing statements without the concomitant value, will result in a fraudulent relationship where the dental student is only paying lip service to the patient's experience as a way of biding time until the dental student gets to tell the patient what is really going on. No effective rapport can exist where there is not genuine value for and validation of the patient.

More Effective

"I see what you mean."

"I hear what you're saying."

"I understand."

A restatement of the patient's perspective (ex. So you think the pain you are experiencing is a result of biting into a peach pit.)

Nonjudgmental attitude.

Any statement that indicates valuing of and support for the patient's perspective.

Less Effective

Inattentive silence while the patient is speaking.

Attentive silence, but no verbal acknowledgement of the patient's perspective.

Stony silence followed by the expression of the attitude "Now let me tell you what I think."

Judgmental facial expressions.

Any statement that indicates dismissal of the patient's perspective.

Performance Keys for Competency In - INTERVIEWING SKILLS



The dental student empathized with and supported the patient.

With this behavior, the dental student provides an effective framework of support for the patient. The dental student displays a caring attitude through both verbal and non-verbal behaviors. The dental student demonstrates concern, compassion, competency and consideration for the patient's efforts. When done effectively, the dental student becomes a trusted ally in the health care process, standing in the patient's corner with the patient's best interests in mind, and possessed of the tools and attitudes that can operationalize those interests.

More Effective

I see that you're concerned about your bleeding gums. I share your concern.

I understand that this condition is distressing to you, and I'd like to help you deal with it.

I see that this bothers you.

I believe I can be helpful in treating this condition.

I appreciate everything you're already doing to deal with this condition. (Being specific here provides positive reinforcement for patient's health promoting behaviors.)

Caring nonverbal behavior (ex. Eye contact, leaning forward, compassionate touch, concerned facial expressions)

Less Effective

No statements of concern

No statements of empathy

No statements of a willingness to help

No positive reinforcement for patient's health promoting behaviors

Nonverbal behavior indicating indifference or even rejection.

- ❑ Established shared concern for the problem
- ❑ Established ability and willingness to help the patient
- ❑ Provided positive reinforcement for patient's health-promoting behaviors
- ❑ Demonstrated caring non-verbal behavior (eye contact, leaning forward, compassionate touch, concerned facial expressions)
- ❑ Dealt sensitively with embarrassing and disturbing topics
- ❑ Responded respectfully to patient's expressions of pain

Performance Keys for Competency In Communication Skills - INTERVIEWING SKILLS



When reading, taking notes or using a computer, the dental student did so in a manner that did not interfere with dialogue or rapport.

An accurate patient record is absolutely essential to effective patient treatment. The creation of a meaningful record that can provide a sound platform for appropriate patient care is the goal. The method to achieving this goal includes accurate listening, accurate recording, appropriate organizational skills, an excellent sense of prioritizing, and exquisite editing skills. (What should I write? Where should I write it? What should I leave out? All questions that need to be answered in real time while interviewing the patient!) Needless to say, this skill is one acquired and modified through reflective practice. Perhaps for the new practitioner the following might apply: listen maximally and write minimally. If you have listened well and fully, and write concisely, you can revise and augment the record, if necessary, after interviewing the patient.

More Effective

Listening maximally and writing minimally

Reading and writing in a way that affirms the ongoing communication process (While this is difficult to articulate clearly, it is somewhat easier to envision. This behavior, well done, becomes an effective nonverbal behavior that underscores the verbal, and can actually promote dialogue and rapport. The patient feels like they are being taken seriously.)

Not making lengthy notes without eye contact or restatement

Less Effective

Listening minimally and writing maximally

Reading and writing in a way that discounts the ongoing communication process

Reading the chart to the exclusion of conversing with the patient

Writing in the chart to the exclusion of conversing with the patient

Writing “mysteriously” in the chart

In other words, handling the tasks of reading and writing while creating social awkwardness

Performance Keys for Competency In Communication Skills - INTERVIEWING SKILLS



The dental student used concise, easily understood questions and comments.

Brief, focused questions and comments, free of rambling and jargon are the goal. Clear communication is the result. Open-ended questions followed by appropriate follow-up questions are the preferred modality. A particular pitfall of new practitioners is the use of compound questions, two separate questions joined by and. This can be confusing to the patient and also inefficient for the practitioner. What often happens with this method is that the patient answers only one of the questions, leaving the practitioner to backtrack over the information again. This results in a jumbled interview rather than a crisp one where a smooth trajectory is achieved by articulating well-chosen, concise questions and comments.

More Effective

How did your diabetes start? (So it started when you were a teenager... Was that your early or late teen years?)

What has your illness been like? (What kinds of symptoms have you had? Have you had any changes in your eyesight?)

How have you coped with it? (What changes have you made in your diet? What kind of exercise do you do? What medications have you tried?)

Questions should proceed from broad-based and general, to narrow and focused.

Less Effective

When was the onset of diabetes: do you have diabetes Type I, sometimes referred to as juvenile diabetes or diabetes type 2, also known as adult onset diabetes?

What symptoms have you been experiencing and how well controlled have your blood sugars been?

What about the ADA diet, aerobic exercise and medication?

Rambling questions, ones using jargon and compound questions

Performance Keys for Competency In Communication Skills - INTERVIEWING SKILLS



The dental student avoided (or adequately explained) medical jargon throughout the interview.

Clarity of communication is the goal and language common to both the dental student and the patient is the tool. Since the most common scenario is that the patient has not graduated from dental school, it is incumbent on the dental student to develop a language repertoire of simple terms effective to the task. (*Example.* Halitosis, bad breath, mouth odor)

Where medical terminology is used, simple definitions should be offered.

Medical terminology can be used effectively when used sparingly to introduce the patient to terms they will encounter in the course of treatment management.

More Effective

Less jargon

Parsimonious use of medical terminology, simply defined

Less Effective

More jargon

Exclusive use of undefined medical terminology

Performance Keys for Competency In Communication Skills - INTERVIEWING SKILLS



Faculty Intervention Needed: Yes No

Performance Keys for Competency In Communication Skills - INTERVIEWING SKILLS



Scoring Key	
Strongly agree (Skillfully done)	<ul style="list-style-type: none"> • Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	<ul style="list-style-type: none"> • A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	<ul style="list-style-type: none"> • Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	<ul style="list-style-type: none"> • A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	<ul style="list-style-type: none"> • Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	

Interviewing Skills Competency Assessment

Use a Number 2 pencil or a pen with dark blue or black ink. Fill in selected circles completely.

RIGHT	WRONG
<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>

1. SPI ID:

0	1
2	3
4	5
6	7
8	9
0	1
2	3
4	5
6	7
8	9

2. Student's honor code:

0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9

3. Today's date:

M M D D Y Y

0	1	2	3	4	5
6	7	8	9	0	1
2	3	4	5	6	7
8	9	0	1	2	3
4	5	6	7	8	9
0	1	2	3	4	5
6	7	8	9	0	1
2	3	4	5	6	7
8	9	0	1	2	3

4. **Assessment.** Mark the answer that best reflects your assessment. Use the following scale:

Strongly agree: Skillfully done. Consistent use of more effective behaviors. Absence of less effective behaviors.

Agree: Adequately done. A preponderance of more effective behaviors over less effective behaviors.

Neutral: Approximately equal use of more effective behaviors and less effective behaviors.

Disagree: A preponderance of less effective behaviors over more effective behaviors.

Strongly disagree: Needs improvement. Absence of more effective behaviors. Consistent use of less effective behaviors.

		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not Done
The dental student introduced him/herself clearly and appropriately	<input type="radio"/>						
The dental student elicited and acknowledged an introduction from the patient.	<input type="radio"/>						
The dental student encouraged the patient to tell him/her about the problem(s) in the patient's own words							
Encouraged patient to tell his/her story.	<input type="radio"/>						
Listened attentively without interrupting.	<input type="radio"/>						
Facilitated patient's responses both verbally and nonverbally (encouragement, silence, repetition, paraphrasing).	<input type="radio"/>						
Established dates.	<input type="radio"/>						
The dental student elicited the patient's concept of the problem(s).							
For each problem --							
Determined and acknowledged patient's ideas.	<input type="radio"/>						
Explored patient's concerns and worries.	<input type="radio"/>						
Encouraged expression of emotion.	<input type="radio"/>						
The dental student explored the history of the problem(s) and past medical history through the appropriate use of open-ended and closed questions.							
Used open-ended questions	<input type="radio"/>						
Checked information	<input type="radio"/>						
Pursued clarification	<input type="radio"/>						
The dental student elicited the patient's chief concern(s).	<input type="radio"/>						

Please turn the page!

Acknowledgement Bibliography

Desmond Joanne, Copeland Lanny R, M.D., Communicating With Today's Patient, Josey-Bass, Inc., 2000.

Kurtz Suzanne, Silverman Jonathan, Draper Juliet, Teaching and Learning Communication Skills in Medicine, Radcliffe Medical Press, 1998.

Silverman Jonathan, Kurtz Suzanne, Draper Juliet, Skills for Communicating with Patients, Radcliffe Medical Press, 1998.