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به نام خدا



ارتباط پزشک - بیمار  
ارتباط پزشک - بیمار

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**تکنیک مصاحبه بالینی**

**هدف کلی:**  
آشنا کردن و توانمندسازی دانشجویان در زمینه تکنیک های  
مصاحبه بالینی

**SPECIFIC INTERVIEW TECHNIQUES**

A. **Open-ended questions Vs. Closed-ended questions.**

**1. Open-ended.**

- a. Begin with a general open-ended question (e.g., "How can I help you today?") and allow the patient to talk freely.
- b. Useful in starting the interview, and patients may be more comfortable telling their story without interruption.
- c. Thought content is not limited by examiner preconception. Open-ended questions (e.g., "Can you tell me more about that?") are non-judgmental.

**2. Closed-ended questions.**

- a. ask for factual responses to a specific question (i.e., "How far did you go in school?").
- b. Useful in clarifying information & gathering factual data and can be answered by "Yes" or "No".
- c. Effective in generating specific & quick responses to a clearly defined topic (e.g., "Do you have thoughts of wanting to harm yourself?").

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**B. REFLECTION**

1. The doctor repeats to the patient in a supportive manner something that the patient has said.
2. Example: An elderly patient is speaking about fears of dying. The doctor may say, "Aging causes many people to think about death".

**C. Facilitation**

1. The doctor's response helps the patient to continue talking in the interview by providing both verbal & nonverbal cues.
2. Examples: nodding one's head, leaning forward in one's seat, saying "Yes, and then ... " or "Uh-huh, go on".

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**D. Silence.**

1. Allows the patient to contemplate, to cry or to just sit in an acceptance supportive environment.
2. Not every moment in the interview must be filled with talk.

**E. Confrontation.**

1. Meant to point out a patient something that the doctor feels the patient is not paying attention to, is missing, or in some way denying.
2. Example: a patient who has just made a suicidal gesture but is telling the doctor that it was not serious may be confronted with the statement, "What you have done may not have killed you, but you are in serious trouble & need help so that this doesn't happen again".

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**F. Clarification.**

1. The doctor attempts to get more details from the patient.
2. Example: "You are feeling depressed. What makes you feel most depressed?".

**G. Interpretation.**

1. The doctor states something about the patient's behavior or thoughts that the patient may not be aware of.
2. Example: "When you talk about how angry you are that your family has not been supportive, that may mean you are worried that I won't be there for you either. What do you think?"

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**H. Summation.**

1. Briefly summarize what the patient has said.
2. Example: "I just want to make sure that I've gotten everything right up to this point ..."

**I. Explanation.**

1. Explain the treatment plan to the patient in easily understandable language.
2. Example: "You will be given a small dose of medication that will make you sleepy."

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**J. Positive Reinforcement.**

1. Allows the patient to feel comfortable telling the doctor anything.
2. Example: "My job is not to judge what you say but to understand what you are experiencing."

**K. Reassurance.**

1. Can lead to increased trust & compliance and can be experienced as an empathic response of a concerned physician.
2. Example: "I know you are upset but I think I can help you".

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THE PATIENT INTERVIEW AND HISTORY:  
**INTERVIEWING SKILLS**

- Practice effective listening
  - Active listener – hear, think about, and respond
- Be aware of nonverbal clues and body language
- Have a broad knowledge base
  - Necessary to ask appropriate questions
- Summarize to form a general picture
  - Verify information

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THE PATIENT INTERVIEW AND HISTORY  
(CONT.)

Eight steps to a successful interview


1. Do research before the interview
  - Review patient records
  - Be sure test and lab results are on the chart
2. Plan the interview
  - Be organized before starting the interview
  - Follow office policy



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THE PATIENT INTERVIEW AND HISTORY

3. Make the patient feel at ease
  - Icebreakers
  - Appear relaxed
  - Eye contact
4. Ask the patient for an interview
  - Makes the patient feel more comfortable
  - Emphasizes the importance of the process




8 Steps  
(cont.)

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THE PATIENT INTERVIEW AND HISTORY

5. Ensure privacy / no interruptions
  - Close door
  - Do not use "pet" names
6. Be respectful with sensitive topics
  - Watch for nonverbal cues
  - Watch your own nonverbal cues



8 Steps  
(cont.)

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THE PATIENT INTERVIEW AND HISTORY

- 7. Do not diagnose or give an opinion
  - Refer questions to physician
  - Do not go beyond your scope of practice
- 8. Formulate a general picture
  - Summarize key points
  - Ask if patient has questions or needs to add additional information



**8 Steps (cont.)**

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THE PATIENT INTERVIEW AND HISTORY

Methods of Collecting Patient Data	
Effective	Characteristic
Asking open-ended questions	Requires more than a yes-or-no answer; results in more relevant data
Asking hypothetical questions	Enables the determination of the patient's knowledge and whether it is accurate
Mirroring / verbalizing the implied	Restating what the patient said in your own words; stating what you believe the patient is saying
Focusing on the patient	Shows the patient you are really listening to what he is saying; maintain eye contact; be relaxed and open

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THE PATIENT INTERVIEW AND HISTORY

Methods of Collecting Patient Data	
Effective	Characteristic
Encouraging the patient to take the lead	Motivates the patient to discuss or describe the issue in his own way
Encouraging the patient to provide additional information	Conveys sincere interest by continuing to explore topics in more detail when appropriate
Encouraging the patient to evaluate situation	Provides an idea of the patient's point of view; allows for determination of patient's knowledge and fears

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THE PATIENT INTERVIEW AND HISTORY	
Methods of Collecting Patient Data	
Ineffective	Characteristic
Asking closed-ended questions	Provides little information; allows no explanation of answers; require yes-or-no answers
Asking leading questions	Suggests a desired response; patient tends to agree without elaboration
Challenging the patient	Patient may feel you are disagreeing with him; he may become defensive; blocks communication
Probing	Once patient has finished, probing may make him defensive
Agreeing / disagreeing with patient	Implies that the patient is either "right" or "wrong"; block to communication

**ارتباط غیر کلامی**

**سه ثانیه اول ارتباط را ارتباط غیر کلامی تشکیل می دهد.**

- ✓ حالت چهره
- ✓ تماس چشمی
- ✓ وضعیت بدنی
- ✓ حالت دست و انگشتان
- ✓ فاصله شخصی
- ✓ تن صدا
- ✓ سرعت تکلم
- ✓ تعریق و بوی بدن

**ارتباط غیر کلامی**

**معارف و آشنایی**

**قبل از شروع مصاحبه باید کارهایی انجام شود.**

- ✓ حمام روزانه
- ✓ استفاده از خوشبوکننده ها
- ✓ هوای تازه در اتاق
- ✓ تمیزی موی سر
- ✓ ناخن باید تمیز
- ✓ یونیفرم باید کاملا اندازه و مناسب
- ✓ ادکلن یا بوی ملایم
- ✓ سنجاق کردن کارت شناسایی

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ارتباط غیر کلامی

**معارفه و آشنایی**

**قبل از شروع مصاحبه باید کارهایی انجام شود.**

درمانجو انتظار دارد که شما یک متخصص باشید و لباس شما نیز بخشی از این تخصص است. در حقیقت درمانجو به فردی که نسبت به ظاهر خود بی توجه است، به سختی اعتماد می کند.




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**رفتار های غیر کلامی مناسب در ارتباط**

- ❖ حفظ تماس چشمی،
- ❖ تکان دادن سر،
- ❖ لبخند و نشان دادن علاقه،
- ❖ متمایل شدن به سمت گوینده،
- ❖ استفاده از تن صدای متناسب با پیام




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**توجه به رفتار های غیر کلامی**

- ✓ اخم کردن
- ✓ راه رفتن کند و تند
- ✓ گره کردن مشت
- ✓ تن صدای یکنواخت
- ✓ آه کشیدن
- ✓ جواب های یک کلمه ای
- ✓ سکوت
- ✓ کوبیدن در
- ✓ پرت کردن اشیا



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**موانع ارتباط**

- ۱- کلیشه های اطمینان بخش،
- ۲- پند دادن / تأکید کردن
- ۳- توضیح خواستن
- ۴- تحقیر کردن / انتقاد کردن
- ۵- دفاع کردن
- ۶- تغییر موضوع
- ۷- شرمسار کردن

**CLINICAL PRACTICE**

- آیا شما حقیقتاً از کمک به مردم به شیوه درمانی لذت می برید؟
- آیا از اینکه برای رفع نیاز مردم خدمتی را انجام می دهید، لذت می برید؟
- آیا همواره قادر به درمان شخصی به صورت مهمان هستید؟
- آیا می توانید با مردم راحت باشید و تفاوت های آنها را بپذیرید؟
- آیا می توانید محکم و در عین حال مهربان باشید؟
- آیا می توانید خود را از وابستگی به افرادی که به آنها کمک می کنید، دور نگه دارید؟

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