We all know that we have had those calls where you feel as though you are just not getting the information you need from your patient. You feel that the more you ask the questions, the more the patient is getting frustrated and so are you. You get to the ED and all of a sudden, the whole story comes out and makes complete sense to all involved in their care. Maybe we just needed to ask the questions in a better way. So this month we are going to look at patient interviewing skills.

Most national standards now require that when the EMT or Paramedic student is in class, that they work on these skills and learn how to ask the right questions. There is more emphasis placed on the skills stations to work on and hone those skills so that when we go on the call with our departments, we will feel much more comfortable.

**Establish a rapport**
Most often when an EMS provider comes in contact with a patient it may be the first time they are dealing them. How professional do you look and act when you encounter your patient? Do you introduce yourself and genuinely seem concerned with their problem, or are you just looking to get the call done to get back to the station. They need to feel they can trust you and give you personal information about their health and do it in a short amount of time as compared to their physicians.

How do you come across to your patient?
Good communication starts with how we present ourselves and how we look to the patient. Crossing arms, tapping your foot and not looking directly at your patient may convey that you are not interested in them or what they have to say. The nursing and counseling field use an acronym SOLER.

- **S**quarely face the person
- **O**pen your body position (unfold and remove obstacles or barriers between you and the other person)
- **L**ean toward the person
- **E**ye contact. Look directly at the person.
- **R**elax. Anxiety interferes with information processing

Always remember to face your patient, make eye contact when speaking to them and show interest in them and their problem.
**Do a good assessment of mental status**

We do not want to assume that just because the patient answers the first question we ask that they are alert. You need to assess them throughout your assessment and note any changes that you see. The following chart discusses the AVPU system. Alert is when the patient’s eyes are open and they are able to answer questions appropriately. Verbal response is when the patient only responds or opens their eyes when you call their name. Painful response is when you have to elicit pain to them such as a sternal rub to get any type of response. Unresponsive is when all of the above have been done and the patient still has not movement or response to your stimuli.

![AVPU System](image)

**Develop a routine**

When doing an exam on a patient, we generally follow a set of questions based on their complaints. If they are having chest pains, we may follow a format of questions to try and fill in the blanks for cardiac related problems. If they are suffering from some sort of trauma, we may focus more on where there pain is more than the quality and radiation of that pain. Most of us all have a form that we can use to fill out as we ask these questions and all of them probably have a SAMPLE and OPQRST format to them.

Think about those forms and the questions as you are filling it out or doing the interview. Signs and Symptoms, what type of complaint do they have and what do you see. Ask about allergies to medications as well as environmental allergies. Medications to include prescriptions, over the counter, street drugs and any herbal supplements. Past medical history is very important as it may help to tell what the current problem may be. Last oral intake and did they have any nausea or vomiting after eating and then events. What were they doing when the current problem started and has anything made it better.
The OPQRST is a great tool that most of us use as swell during our interviews for cardiac patients. Onset or when did this all begin, what were you doing when it started to see if they were doing anything strenuous. Provocation or what makes it better or worse. Can they describe the pain or give it a quality such as dull, sharp. Radiation of the pain, does it go anywhere in the body. Severity using a 1-10 scale or using a chart like the Wong Baker scale to determine their pain scale and then we want to know time. How long has the pain been there or how long have they felt like this?

**Get a good thorough history**

If the patient is conscious, this usually makes things much easier. You can start to gain information from the minute you walk toward your patient. What position are they in, do they look as though they are in pain. Facial expressions can give you a clue as to what they may not be saying to you about the degree of their pain or discomfort. If the patient is not conscious, this adds to the concern of truly finding out what is going on with the patient. Using family members or bystanders can be helpful, but often they also may not have any idea what may be happening.

**Move to the patient’s field of vision**

You want to stand where the patient is able to see you and can easily make eye contact with you. Consider their disabilities as well. If the patient has difficulty hearing, you may need to get to where they can see you speak. Several people with hearing issues use the movement of your lips to identify what you are saying. If a patient is in a wheel chair or has other physical disability, move to their level while asking them the history and complaints.
**Speak to them in their language**

We must also remember that a lot of our patients don’t understand medical terminology. They may understand that they take a “water pill”, but have no idea what Lasix is. They may understand that they have a “sugar problem”, but don’t know that means they have Diabetes. So there may be times that we ask questions to them in their language to get to the answer of the question we are looking for.

**Look at general impression…your probably correct**

General impression can play a key in your assessment skills and interviewing concerns. If the patient looks sick, they usually are sick. We have all taken care of the cardiac patient that is grey and ashen looking and you take one look at them and say to yourself “this is not good”. Pay attention to what you have learned in class and through your experience and use that good judgement on every call.

**Assess the patient’s pulse**

While you are questioning your patient, you can easily be assessing their radial pulse. If it is there and you can assess quickly, they most likely have a blood pressure that is going to be adequate. If the pulse is slow or irregular it may help to indicate that you are dealing with a cardiac condition. If it is rapid, it may indicate a form of shock or anxiety. This can be another assessment that can easily be done while you are interviewing your patient.

**One question at a time**

Remember that most of us work in this field and learn to process several things at a time. That can sometimes happen as well when we start questioning our patients. You have to remember to ask the question and then listen to that answer. We often get caught up in thinking way ahead and don’t take the time to hear what our patients are telling us. Usually if we stop, ask the question and listen to the answer it will help you determine the next question.

**Asking the right questions**

You might miss out on things if you just ask your patient yes or no questions. Asking someone if they have chest pains and they say “no” does not get you the answer you need about their chest discomfort. Using a statement such as “what happened today that caused you to call the ambulance for help?” Sometimes statements will help us get the answers that we are looking for. “Tell me about your procedure you had done last week” or “how do you feel right now?”
Respect the patient’s privacy²

As EMS providers, we all know when it will come to a point during the interview of our patient to ask a question that may be uncomfortable to for the patient to answer around other people in the room. You may ask the question, but are you truly going to get the honest answer with family members or friends present. It may be better to ask these questions in the privacy of the back of the ambulance. Questions that may be uncomfortable for them may be…do they have any psychiatric history? For females, is there a possibility that they could be pregnant? They may not want anyone to know that they have been sexually active. Some of these questions may be about substance abuse both legal and illegal. They may not say anything in the home with parents and police officers present, but in the back of the ambulance, they may actually tell you what they took or how much they drank.

Remember these points. Do not lead your patient. Let them tell their story. Find a method to question patients that works for you and continue to build off that. Be thorough in your questioning. If you miss something, it can lead you down a completely different path.

EMS professionals are good communicators and we already know many of these things. Hopefully in this article we have made you think a little bit about how we do the interview and most importantly, how we are being perceived when we do them. Maybe you were thinking of a way that you always ask a question and thought of a better way to ask that same question. Making an emergency situation less stressful for our patients is what all of us are hoping for. ³

References:

1-  EMS 1 News - 8 patient assessment tips for new EMS providers  2009 Brian Potter
2-  Emsworld.com – 10 tips for a better patient interview – Matthew Putts
3-  EMS patient interviewing techniques – 2012 David Hesselmeyer
1) What does the acronym SAMPLE stand for?
   a. S________________________
   b. A________________________
   c. M________________________
   d. P________________________
   e. L________________________
   f. E________________________

2) When you are interviewing a patient you can take the pulse of the patient at the same time. If the pulse is slow or irregular, you could be dealing with?

3) It is best to stand where the patient cannot see you as you are interviewing them.
   a. TRUE
   b. FALSE

4) What does the acronym AVPU stand for?
   a. A________________________
   b. V________________________
   c. P________________________
   d. U________________________

5) Patients that have a “sugar problem” may have what condition?

6) Give an example of respecting a patient’s privacy.
7) What does the acronym SOLER stand for?
   a. S___________________________
   b. O___________________________
   c. L___________________________
   d. E___________________________
   e. R___________________________

8) Facial expressions are a good indicator of the patient's pain or discomfort
   a. TRUE
   b. FALSE

9) What does the acronym OPQRST stand for?
   a. O___________________________
   b. P___________________________
   c. Q___________________________
   d. R___________________________
   e. S___________________________
   f. T___________________________

10) You have been called to the scene of a patient that is having chest pains. You walk in and ask the patient if he is having chest pains and he replies “No”. Give an example of the types of questions you might want to ask next to try and get information from your patient.

If you are NOT a member of the McHenry Western Lake County EMS System, please include your address on each optional quiz turned into our office. Our mailing address is: Northwestern Medicine – McHenry Hospital EMS, 4201 Medical Center Drive, McHenry, Illinois 60050. We will forward to your home address verification of your continuing education hours.

If you ARE a member of our EMS System, your credit will be added to your Image Trend record. Please refer to Image Trend to see your current list of continuing education credits. Any questions regarding this can be addressed to Cindy Tabert at 224-654-0160. Please fax your quiz to Cindy Tabert at 224-654-0165.