



Interview Checklist Guidelines

Use the following guidelines as a reference to a properly completed interview as scored by the PCM-1 Interview Checklist. These are only examples and should not be used specifically.

OPENING

Politely says hello, using patient's title and states role and purpose of interview. Simultaneously addresses any obvious source of patient discomfort or unease, including any language disparity. "Hello Ms. Jones, I am Jim Winger, a first year medical student working with Dr. McIntyre here in the clinic. She asked that I start your visit by interviewing you to gather the reason why you came in today. Is that alright?"
"I see that you are in pain, please feel free to stand or find a more comfortable position while we talk."

GATHERING INFORMATION

1. Uses open-to-closed questioning,
The student starts an area of inquiry with open-ended questions followed by more directive questioning only if necessary. Multiple and leading questions should not be used. This form of questioning should be used throughout the interview except when completing the review of systems.
2. Elicits patient's active concerns,
The student should elucidate each item that the patient wants to bring to medical attention. This may include the use of 'what else.'
3. Negotiates priorities for discussion,
The student decides, along with the patient, what problems should be addressed during the present visit. This may be most appropriate during a visit in which time may be a factor e.g. ER or outpatient clinic.
'You have mentioned that you have a pain in your ankle, green sputum, blood in your stool, disturbed sleep and a rash on your back. In order to pay the appropriate attention to your concerns, we will only have time to fully discuss a few of those today - which do you think are the most important to discuss?'
4. Elicits chronological account of patient's concerns,

When eliciting the HPI, the student would cue the patient to start at the beginning of the illness and narrate a chronological account until the present. This may require re-direction of the patient by the student.

5. Utilizes segment summaries and clarifications,
After each segment of the history, the student should repeat the information gleaned within the last segment to the patient. This may require brief clarifications if points in the patient's story remain unclear
'So I understand that after your motor vehicle accident you were bedridden for four months. Is it around this time that your shortness of breath started?'
6. Transitions appropriately between interview sections,
To maintain adequate flow of the interview, transition between interview segments is important. Introduction of the next segment and explanation why it is important is critical.
'Now that we have discussed your family's medical history, I'd like to know a little bit more about your life outside the doctor's office...''
7. Includes ALL elements of screening history

CLOSING

The three items in this segment are straightforward and require no discussion.

FACILITATION SKILLS

The student should maintain appropriate eye contact with the patient and utilize an open posture that places the patient at ease and invites discussion.

The student should utilize silence as a technique to stimulate further commentary and exposition by the patient.

RELATIONSHIP SKILLS

The student must use reflection/legitimation skills. A reflection statement would indicate to the patient the emotional state being perceived by the interviewer. Legitimation is communicating acceptance of the patient's emotional experience.

(‘I can understand why you feel anxious about that...’).