

Tips and Tricks for Interviewing Sick and Angry Patients (or Any Patient for That Matter!)

Goal: to empathetically, systematically and precisely capture information

Be Prepared:

1. Supplies:
 - a. Have your supplies with/in front of you - Pen, phone, calendar, questionnaire (NCEDSS, Focused, etc), blood drawing supplies
2. Rapport:
 - a. Keep in mind that you have about 30 seconds to build rapport
 - b. Build rapport: this may take more than one visit!
 - c. Establish trust with your patient. Do what you say you will do.
 - d. Knowledge is power; it helps build trust and eliminate fear. Respond to questions with factual, accurate information.
 - e. Necessary for before you ask sensitive questions. Often you can elicit additional information once they believe you are on their side.
3. Safety:
 - a. If you travel to a patient's home, know the area / neighborhood
 - b. Patients' behaviors can cause you stress and frustration, recognize when you need a break.
 - c. Recognize if a patient's anger or depression becomes dangerous to him or to you. A mental health referral may be necessary.
4. Contact attempts:
 - a. 3 attempts over a 3 week period, try to call at different times of the day.
 - b. Leave a message for them to call you back.
 - c. Mail out a letter when call attempts fail.
5. Flexibility:
 - a. As much as possible, time your interview / visit at a "good time" for the patient (not you).
 - b. If unable to reach a patient via phone, consider other options (text message, home visit)
 - c. Be flexible, you may need to address your patient's questions or concerns before you can begin or return to your original plan.
 - d. You may not complete your interview in one session.
6. Approach:
 - a. Maintain eye contact.
 - b. Be aware of your body language.
 - c. Be aware of the patient's body language and non-verbal clues.
 - d. Maintain confidentiality. Interview your patient privately.
 - e. Respect your patient – time, privacy, etc.
 - f. Listen to your patient. Allow the patient time to think about his answers.
 - g. Be kind and compassionate.

- h. Be culturally sensitive (you may have to do research if you are not familiar).
 - i. Be patient: Remember that the patient is sick, not at his best, probably feeling uncomfortable, overwhelmed and vulnerable.
 - j. Validate and acknowledge the patient's feelings (ie, fear, anger). Recognize that fear may manifest itself as anger.
 - k. Keep your cool! Illness can exacerbate a naturally irritable or uncooperative patient.
 - l. Beware the 'shock' factor! Keep in mind that a patient may deflect questions or react to get attention. Redirect the patient.
 - m. Interviews can be stressful to patients, recognize when they need a break.
7. Thank them!
- a. For their time
 - b. Let them know if someone may be calling or visiting again
8. Repetition:
- a. Repeat information; frequently, people need to hear information 3 times in order to remember.
 - b. Medication may increase fatigue or confusion; repeating questions at a later date may be necessary.
 - c. Clarify questions or answers that are unclear. Ask the question in a different way or restate the answer to clarify.
9. Try to avoid bias:
- a. Interviewer assumptions: If three cases ate at the same restaurant don't start asking all cases about the same restaurant; continue with the remaining food sources or exposures
 - b. Don't let patients confuse you with their biases, if they believe "pizza hut made me sick" reassure them that you understand but need to ask about other exposures
 - c. Avoid leading questions: if the stated question is, "Did you have diarrhea?" DO NOT ASK "you didn't have diarrhea though did you?"

Extra Tips!

1. Introduce yourself first; explain the purpose of your questions / interview.
2. Assess your patient's education / comprehension level
3. Assess your patient's preconceived ideas about their illness or disease process. Tailor questions and educational information appropriately.
4. If using an interpreter, ensure the interpreter is asking the questions exactly as you ask them and repeating the patient's answers exactly as they answered. Keep the conversation between you and the patient.
5. Family members know patients better than you do; enlist their help when possible without violating confidentiality.
6. Just go with flow – every patient is different, if an intervention is working with your patient, go with it. If not, try something else.

7. Specifics:

- a. Clinical information (onset date, symptoms, etc.)
 - i. Ask if others are sick in household
 - ii. If so, who got sick first?
 - iii. Look at a calendar and give them days and dates of their **incubation** and dates you are interested in risk history for
- b. Food sources
 - i. Food in the home – grocery stores, farmers markets, etc.
 - ii. Food outside the home – restaurants, catered events, parties, etc.
 - iii. Cover major categories – fruits, veggies, meats, eggs, etc.

* If they cannot remember exact food sources or types just ask them to tell you whether or not the food you are asking about is something they eat typically. (ie, may not eat red meat but eat seafood)
- c. Pets / animal contact
 - i. In household
 - ii. Petting zoo
 - iii. Some people do not consider backyard chickens, reptiles or other exotic animals or farm animals as their pets.
- d. Note in NCEDSS for the State to see:
 - i. If phone number does not work
 - ii. If patient refuses interview
 - iii. If patient is lost to follow up
 - iv. If patient lives in a different state