

Pediatric Interviewing

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Neil S. Skolnik, MD, Series Editor

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**Pediatric
Interviewing
A Practical,
Relationship-Based
Approach**

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 **Humana Press**

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To
Susan, James, Michael, and Maura

In loving memory of Jim and
Pat Binder

Series Editor Introduction

Ὄβιός βραχύς, ἔ δε ἔχνη μακρή

Life is short, [the] art long
—Hippocrates

Pediatric Interviewing: A Practical, Relationship Based Approach by James Binder is filled with a unique blend of wisdom, experience, and evidence, which will serve as a guide and as a reminder that what comes first in the care of the patient is the language and the silences that are shared between patient and physician. The medical interview quickly establishes the type of caring relationship the two will share. In this age of electronic medical records, pay-for-performance, and evidence-based medicine it is easy to lose sight that medicine is fundamentally about one person who has knowledge and experience providing care for another individual who is asking for help. How the physician organizes his or her interactions has an important impact on the experience and outcomes for both the physician and for the patient.

Dr. Binder presents a conceptual framework with which to approach interviewing and illustrates this framework with practical examples from years of teaching and practice. Physicians-intraining will find this book filled with wisdom and much needed recommendations about how to approach the medical interview. For those of us who have been in practice a number of years, Dr. Binder's book can serve as a refreshing opportunity to reflect in detail about something many of us take for granted – the complexity of the medical interview. He reminds us that the medical interview has many goals in addition to the collection of information. These goals include establishing relationships with patients, educating patients, coming to an agreement with patients on therapeutic goals to enhance compliance, and leaving the door welcome and open for future follow-up.

This is an important book that comes at an important time. With all the current discussion about health care reform, it is refreshing to read a book about the most basic aspect of medicine,

the medical interview, which can take a lifetime to perfect yet is practiced every day. Increasingly our method of recording information, in an electronic medical record, will force us to pay more and more attention to the *content* of the information we gather. This attention to content will make *Pediatric Interviewing* an ever more important book for physicians-in-training as well as those in practice, to help us keep our focus on the simple fact that the *process* of gathering information and forming relationships with our patients has inherent value. Done correctly, with empathy and attention to detail, this process makes both patient and physician feel more satisfied with the interaction and also affects health outcomes. The relationship that develops between a physician and a patient has a direct therapeutic effect, influences the information obtained, the decisions about what treatments a patient will consider, compliance with medications and lifestyle modification, and keeps the door open so that patients are comfortable returning for follow-up.

For a book so well written, so well thought-out, so insightful, and so timely, Dr. Binder deserves our thanks.

Neil S. Skolnik, MD

Foreword

It is well known to everyone who reads that our health care system in the USA is out of control. We spend almost two and half trillion (yes, that is with a “T”) dollars on this system and yet 45 million Americans are uninsured. The system is inefficient, and medical errors occur much more commonly than we would like to believe. In no small measure, the exorbitant cost of health care contributes to our current economic crisis, the failing of small businesses, and lost wages of the American worker. And worst of all, despite all the amount of money spent on our health care system, by many measures, we are not healthier (and in many ways less healthy) than those in other industrialized countries.

So what in the world does this have to do with a book on pediatric interviewing? Well, the fact is that we are on the cusp of reevaluating how it is that we approach the delivery of health care. Health care reform has been and will continue to be a major debate over the next few years. This discussion will not just consider how to pay for our health care, but also how to structure the delivery of it. For years, we have shunned prevention and prided ourselves in our ever expanding technology and our ability to “fix” any disease that came along. That attitude is beginning to change as we recognize the costs involved. Promotion of healthy behaviors and prevention of disease must become a crucial part of our responsibilities as health care providers. And if we are going to be successful in this, we must start reemphasizing some basic tenets of medicine – most important of which is that good care begins with the establishment of a trusting doctor–patient relationship.

Somewhere between our increasing love affair with new technologies and creating health care provider networks (“you can see any of our 50 doctors – you just won’t see the same one twice!”) we have forgotten that good patient care is really about relationships. It is the relationship between a patient (or family) and a doctor that allows them to trust one another, feel for one another, and understand each other’s stresses and problems. We teach young doctors how to talk TO their patients. But we do not really teach them how to talk WITH their patients. We may know what instructions to give, what topics to cover, and what check lists to complete

when we see our patients. But how often are we really listening to them? How much time do we spend understanding why a patient does not follow our advice? Are we really having a two-way conversation when we provide this advice or are we preaching? I would submit that our ability to successfully create necessary behavior change in patients and families would be improved if we improve our communication skills. The net result of this will be more success in reducing the number of patients with preventable morbidities. And as an added bonus, better communication will also lead to increased job satisfaction by having patients who are thankful for our understanding and empathy.

This is why Jim's book should be essential reading – not only for all students but also for any physician working with children and families. It provides a wealth of practical tips for improving your interviewing skills. This includes all situations, from the simple provision of well-child care to difficult situations involving the hardest to reach patients.

I have always thought that it was strange that we talk about being “health care” providers. In fact, our training taught us very little about health and a lot about disease. And with the increasing strain on the doctor–patient relationship, it seems we are doing less and less “caring” than before. This is a book that brings us back to why most of us became doctors in the first place. It will teach you to communicate. It will teach you to understand. It will teach you to care.

Read it. Enjoy it. Learn from it.

Pittsburgh, PA

Bob Cicco, MD
April, 2009

Preface

A good clinician needs to interview with efficiency and effectiveness. A clinician who cares for children must be able to join with families, understand their concerns, discern what is wrong with the sick child, and promote healthy development. An effective clinician who cares for children possesses and uses the skills needed for talking and listening to families. I intend this book for clinicians, young and old, who want to learn those skills. Since I work with trainees, I illustrate many teaching points in this text with examples from a training setting.

The evidence is extensive. Good communication has clear benefits for the clinician. Clinicians who interview well have a number of advantages, including the capability of gathering a full data base and of interviewing efficiently. These skills satisfy and fulfill clinicians, very important results [1]. Satisfied clinicians burn out less often and change careers less frequently. They are also more likely to be emotionally available and positively engaged with their patients. In turn, their patients report being satisfied with the clinicians and liking them more [2]. This leads them to file fewer lawsuits, a key benefit of relating well to patients, in view of the suffering clinician's experience when involved in a lawsuit [3]. Clinicians who interview well tend to enjoy medicine.

Satisfied patients are more likely to follow through with treatment plans and have improved health outcomes [3]. Barbara Korsch described this phenomenon over 30 years ago [2]. Interviewing effectiveness enhances physician-patient relationships, which in turn, impact health outcomes.

Child-oriented clinicians understand the importance of relationships. This importance surfaces as one of the key principles of developmental pediatrics. A child's first relationships with his caregivers form the secure base from which the child learns to explore, interact, and talk.

Partnership is a reliable ally for the child in times of grief, anger, and frustration because it serves as a protection from despair and emotional collapse. ... Every aspect of the toddler's development

is influenced by the presence or absence of a secure base and a partnership between parent and child.

Alicia Lieberman [4]

The fact that a toddler handles adversity better when living in a healthy relationship should not surprise us. We might be surprised by the fact that sick patients do better when they benefit from a healthy partnership with their clinician. Research has demonstrated that patients with diabetes have lower glycosylated hemoglobins (HbA1c) and patients with hypertension have lower blood pressures when the patient/clinician partnership is healthy [3]. Exciting news! Relationships really do have the power to influence health. Thus, any theory of interviewing must be solidly based on relationship theory (see Appendix F).

This book begins with an analysis of the shut-down interview, one type of difficult medical interview. Such an analysis will help clarify the connection between relationship and communication. An interviewer has a number of ways to influence an interview in a positive direction, even a shut-down interview, if she maintains an empathic, respectful relationship with her patient.

References

- 1 Suchman AL, Roter D, Green M, Lipkin M, the Collaborative Study Group of the American Academy on Physician and Patient (1993) Physician satisfaction with primary care office visits. *Med Care* 31:1083–1092
- 2 Korsch BM, Aley EF (1973) Pediatric interviewing techniques: current pediatric therapy. *Sci Am* 3:1–42
- 3 Roter DL, Hall JA (2006) Doctors talking with patients/patients talking with doctors: improving communication in medical visits, 2nd edn. Praeger, Westport, CT
- 4 Lieberman AF (1993) *The emotional life of the toddler*. Free Press, New York

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I have been fortunate to learn from many gifted teachers. Vann Joines is a teaching supervisor of redecision therapy training at the Southeast Institute in Chapel Hill. He models compassion, humor, patience, and enjoyment of life. The principles of healthy relationships I learned in that setting shaped my understanding of relationships and interviewing. I modeled much of my teaching approach in Chap. 12 on what I experienced at the Southeast Institute over the last two decades.

Michael Rothenberg triggered my earliest interest in interviewing during a fellowship with him. A decade later, I became increasingly curious about interviewing after reading *Psychiatric Interviewing: The Art of Understanding* by Shawn Shea. I attended several workshops and seminars Shawn gave on interviewing and the teaching of interviewing. His influence is seen throughout the book.

I want to thank my editor, Richard Lansing, who had confidence in my manuscript even before I did and nurtured me along the entire process.

Jody Sondheimer, Barbara Korsch, Diana Peticca, Tim Murphy, Doris Murphy, and Joseph Werthammer read the entire manuscript. I appreciate their time, expertise, and valuable suggestions.

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Ada Olah and Barbara Dalton provided expert technical assistance with patience and good humor. The Marshall University Department of Pediatrics provided strong support for my project.

I am indebted to my patients and families for sharing their stories with me. The stories in the book may reflect lessons I have learned from the families I have been honored to meet. They do not reflect any particular patient or family.

I received unwavering encouragement from my spouse, Susan, our three children, James, Michael, and Maura, as well as our

entire extended family. I started the book at the suggestion of Michael. James offered much needed technical help. I am particularly grateful to Susan, who read the manuscript too many times to count, patiently listened to me, edited, consulted, and loved me throughout the 3-year project. Anyone who has lived with a spouse writing a book knows that is no easy task.

A SPECIAL THANKS

I feel a sense of pleasure saying thanks to Fred Platt. Fred responded to an e-mail request from a stranger (me) with an inspiring openness. He mentored me with generosity, wisdom, and patience. I was lucky to receive the benefit of his knowledge of medicine and patient–physician relationships. In addition, Fred taught me many skills essential for writing a book. I am deeply grateful. He and his warm, delightful wife, Connie, even opened up their home to Susan and me for a weekend of editing and fun.

Fred's influence is so strong throughout the book that anytime I use the word “we” I really am referring to Fred and myself.

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