General Guidelines and Techniques for Interviewing

1. Begin by introducing yourself, explaining the purpose of the interview, and outlining the interview process.

2. Establish a climate conducive to the interview process – is the patient comfortable, do they need anything before you begin?

3. Consider beginning with a few seconds of small talk to break the ice – weather, cafeteria food, sports, whatever.

4. Then begin with an open-ended question like, “So, what was going on that caused you to come to the hospital?”

5. Try to allow them about 2-3 minutes to tell their story with minimal interruption (if they are very disorganized in their thought processes, can start redirecting them sooner).

6. Throughout, demonstrate empathic listening skills, respond to the patient’s emotional state openly and accurately – for example: “Wow, that must have been really hard for you,” or “It looked like you were fighting back tears when you talked about your son,” or “Your face seemed to brighten when you talked about your daughter.”

7. Sustain the narrative/dialogue with verbal and non-verbal techniques – “uh huh”, “Tell me more about that,” “Please continue,” head nods, etc.

8. Use both open-ended and direct questions as well as summaries as appropriate.

   a. Begin with more open-ended questions like: “Tell me what has been going on in your life,” “How would you describe your childhood?” “Please tell me about your marriage,” “Tell me a little bit about yourself,” “What happened yesterday?”
b. Transition to closed-ended questions like: “How is your sleep?” “Are you having any trouble with concentration?” “How many times per week do you drink alcohol?”

9. Make smooth transitions – “Now, I’m going to ask a few questions to test your thinking.”

10. Follow the patient’s lead in seeking important information without losing control of the interview- for example, if a patient mentions the death of a parent 10 years ago during the HPI, follow up on this appropriately but don’t allow just this topic to dominate the rest of the interview.

11. Tactfully confront the patient with apparent discrepancies (i.e., inconsistencies in history or verbal/non-verbal cues) for instance, patient smiles slightly when discussing her suicidal ideation: “I notice you seem to have smiled a little when you talked about being suicidal. Can you help me understand that?”