

## History Taking Versus Interrogation: How To Elicit A Valid History From An Uncooperative Patient



What we have here  
is a failure to  
communicate.

Warden, *Cool Hand Luke*

## Moral of the Story

Patients will give you the information that they feel is important and necessary. They also will give you information that potentially leads to an outcome *that they wish*.

**STOP**  
The Madness

## Detailed "Story" of a Patient's Symptoms

A detailed history, *eye and* general medical history, is important to:

- \* Help the doctor in determining an **accurate diagnosis**
- \* Help determine what **charges are to be submitted** to the insurance company for payment

## Pearls To Follow

**Ask specific questions in an orderly fashion.**

- \* Chief Complaint
- \* History of the Chief Complaint
- \* Medications & Allergies
- \* Family History
- \* Eye History
- \* General Medical History



For each area of the history, you need to ask the (5) W's.... *and then* you need to ask "How".

Times, dates, names, places can be very important items to know especially if the doctor wants to dictate a future letter or if the doctor wants to contact another physician.

**who?**

**what?**

**where?**

**when?**

**how?**

**why?**

## Pearls To Follow

Be tolerant, especially with the elderly, children or challenged patients.

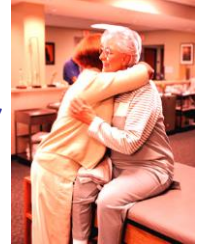
Remember: patients may be very nervous at having to be at the doctors. They get worried that you will **tell them** something bad, **find** something bad (wrong with them), or **do** something bad to them (shots).



## Pearls To Follow

Be professional - *but* friendly. Be caring and compassionate - *but not too personal*.

Patients need us to **stay focused** and do our jobs. We need to **stay objective**, **listen** to what the patients is and isn't saying, and **watch** for clues that might lead to an answer.



## Pearls To Follow

Do not pass judgment and never react with criticism, anger or dismissal.

Patients need to be able to talk with you without fear that you may use that information against them *or* alter your treatment of them because of what they are telling you!



## Pearls To Follow

Avoid interrupting patients, but... do not let the patient ramble or spend time telling an "unfocused" story.

*Gently* steer the patient toward the relevant parts of the story.



Patients often have two or three concerns that they want to discuss - and the first one they discuss is usually not *the main* concern. Both the technician and the doctor need to ensure that they get to the main concern the patient has. A good question to ask is: "Is there anything else I can help you with today" ?



## Pearls To Follow

**Speak in lay man's terms !**

If a patient doesn't know what you just told/asked them - they can't be part of the process...and you need their input!



## Be politely nosy....

Newspaper reporters and medical workers can ask pretty much any question because people feel they need/ have to answer us truthfully !! Questions should be asked keeping the current complaint in mind so that you can gather enough information to get a "picture" of the patient and their problem.



## Pearls To Follow

**Patients may refuse to talk with you and only with the doctor. Don't take it personally...it's their right !**

Let the doctor know if you had a problem during the intake of the patient so they are aware that the patient is hesitant discussing their problem with staff.



## Pearls To Follow

**The chart is a legal document...be careful what you write !!!!**

- **Never** use white out, white out strips or anything that would "hide" what was there previously.

- If you make an error, use a ---- once through the error, initial it and state "error". No swirls!

Error DEG  
word word word



## Can you write: "patient is drunk ?"

**NO**... but on a sticky note you can write :  
? ETOH on breath

Let the doctor write **their** assessment in the chart.

**Careful of "medical phrases" that may seem very innocent :**

"confused", "aggressive" "disorientated"



## Sad Story Time



## Ask How To Address The Patient

Not all patients want to be called by their first name ! Especially if you are 22 y.o. and they are 80 y.o !!



Good Morning

A good way to begin is :

" Mr.(Ms.) Jones? Hi, I am Dianna and I am going to get you ready for Dr. -----."

They will tell you what you can call them after that !

And.....**NEVER, EVER, EVER**..... **EVER**...  
call a patient :

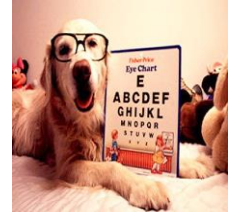
- \* Honey
- \* Hon
- \* Dear



It is *too* personal, *too* informal - and most people find this *very* condescending ! Especially if you are younger than them !

## Sequence

- CC
- History of CC
- Referred by another MD/OD/Primary Care
  - List name of referring person
- Allergies
- All meds
- Family history
- Eye history
- General history
- Social history (smoking, drinking, work)



## CC: "What can I do for you today ?"

*Not* "why are you here " ??!  
Because they will respond with this:  
"Because you sent me a letter !"

- History of the CC:
  - \* how long            \* which eye   \* describe the pain
  - \* how often         \* does anything make it better
  - \* using any drops or meds to make it better

You can adjust the CC at ANY time during the exam !

## Example: "Loss of Vision"

Is it hazy, foggy or blurry ? Did vision totally go away? How long ? Both eyes or one eye? Did it gradually come back or just re-appear ? Any pain ? Any tingling or nausea ?



## Ex:Headaches

Do you wear glasses? How often do you get these headaches? **Show me where it hurts.** Does anything make it better (rest, Tylenol or ?) Same time every day ? Family history of headaches ? Change in vision?



Muscle tension in the face, neck and shoulders may cause tension headache

ALAM

## Allergies & Medications

**Allergies in red !!**  
**List all medications:**

- \* **Eye meds first**: how many times a day, which eye(s)
- \* Document if patient says they are taking meds differently than MD prescribed
- \* What about herbals/OTC's?





If the patient is not being cooperative with you during the exam - ask the front desk or the phone center what the patient's concerns were when they called in.

Try to assure the patient that the reason you need to ask the questions is to do the tight exam for their concerns.



## "I didn't know that "

*The best professionals I know only say that once.*

If a patient comes in complaining of something you have never heard of before - go check with someone on what you should do for your exam. Then, you might not have known the answer *this* time - but you will the next time. To improve in your role, continually critique your own performance. Ask yourself : " Why *didn't* I know that ?!" **You** are your greatest asset.



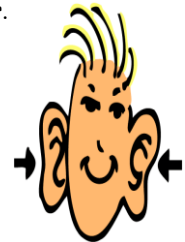
## There Are (3) Sides To Every Story: Yours, Mine and the Truth

A patient calls. They tell the phone center they have a sudden change in vision and need to get in right away. You bring them in for your Part of the exam and find out that they broke their glasses over the weekend *and* are going out of town. So... the exam was urgent - to them!



## Who Told The Truth ?

Everyone did... but you all "heard" what you each "wanted" to hear. The telephone center heard "sudden loss of vision"...they have sudden loss of vision because the glasses were broken and you said they should come in immediately. It was urgent to them because they are going away !



Make sure that when you do the exam - you also "hear" that they broke their glasses.

Because I heard "sudden loss of vision", I would do a vision, pressure, dilation. If I am not careful on my history - I will miss that I also have to do a refraction !

**HEADS UP!**



**BUSTED**

You know what you did.

## " Mr. In Your Face"

They come in and before you can even say hello they are yelling. He answers every question with "it's in my chart" and even " I am not going to Justify your salary by answering these questions" !

Hold your ground !

This doesn't mean attack back.. but try to calmly re-assure him that you will be happy to get him ready for the doctor as soon as you can get the questions answered.



- **Be formal.** Call him "sir" or Mister Jones. Do *not* call him by his first name as this is very informal and will probably fuel him more.
- **It's not personal.** You are in the way of what he is trying to achieve.
- **Stay High !** Thank him for his time and help and that you will make sure to keep him moving so he can see the doctor as soon as possible.



## "Mrs. I've Got A Secret"

This is the patient that you have to drag information out of.

If you don't ask the right question, they won't answer.

They want to tell everything to the doctor *only* - including their billing information !



It's ok. You can't force a patient to talk to you. I have been stuck in the middle

A number of times when the doctor tells me *he* won't see the patient unless they tell me why they are here and *they* won't talk to me because they only want him ! Stay calm ... it's not you ! You can only do such in this case.



## "Miss Can't Get A Word In Edgewise"

Unfortunately with this patient, you end up chasing your tail the entire time because although they are paying attention to what you are asking - they never

take a breath so you can get your questions asked ! Their history is scattered, random and usually they have multiple issues.



It's difficult to interrupt these patients because they get on a roll.

Taking them back to a "point", and gently asking them information will help to get them focused and put **you** in a position to run the conversation. Ex: "Excuse me, I'm sorry - how long have your eyes been itching?" or " Sorry to interrupt - but which eye was the one that was the blurriest?"



It is a good bet that this patient will have been scheduled wrong because getting the right information was next to impossible. Your doctor will "get you" because your history is rambling and they had no what they were walking into, but after the appointment, the patient will usually be very "disappointed" because her exam didn't go the way she wanted it to!



She will call back and be mad. She will have probably stewed over the fact that you didn't listen to her the first time and has now created a "script" that she's been rehearsing over and over in her head. She's got things to say and she's going to say them this time! In this case it is best to let her get it out... and then apologize for whatever it is you "did" to upset her so. I tell patients that I will do better the next time! They tend to be a little calmer afterwards because I have taken responsibility for their unhappiness.



## "Mr. Foul Mouthed"

Behavior of this patient:

- \* Uses profanity freely and loudly
- \* Sarcastic
- \* Verbally attacks others
- \* Tries to scare or intimidate you
- \* Disregards other peoples feelings
- \* Wants to be center of attention if in the clinic



**Don't play into their behavior.** They would like nothing better than to bait you into an argument.

**Do not take it personally - and never cry.** IF you feel that *you* are losing control or going to cry, tell the patient you are going to need to end the conversation if they continue to use profanity.



**No one has to be subjected to profanity.**

Tell the patient in a firm tone : "Excuse me, but I don't have to listen to this." If you continue to talk to me this way - I will need to reschedule your appointment."

If they continue, excuse yourself from the room and get your supervisor !



## " Miss Whiner"

No one likes to be ignored, particularly if they have *or* think they have a problem. The worst thing you can do when dealing with patients is to put off their complaint or send them on a wild goose chase to find someone who will help them. **Respond promptly** to their concerns and let them know that helping them is your top priority





## "Mrs. Lost In The Shuffle"

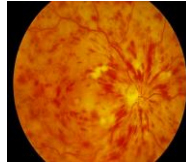
We pay a lot of attention to the yellers, the demanders and the whiners, but you need to pay extra attention to the people who are happy to wait for the next appointment.

They do not want to rock the boat. If they see the clinic is busy - they will volunteer to reschedule.

These are the patients that will then have.....



CRVO



[www.fedmontgomery.com](http://www.fedmontgomery.com)



[www.formulamedical.com](http://www.formulamedical.com)

## You Need The Patient's Help To Get The Best History You Can For The Doctor

Your "job" as an employee is to always:

- \* do the best you can
- \* take good care of the patients
- \* take good care of your team
- \* grow and learn in your field



## If You Are "Always" In The Dark And Can't Get The Patient To Cooperate

The solution might be as simple — or as complex — as an attitude adjustment.



You need to partner with the patient - even if the patient doesn't want to - to ensure that they get the best exam they can. Finding the way up the mountain can be treacherous....



but the view will be outstanding 😊



[www.geosociety.org](http://www.geosociety.org)

## Know Your Job - And Do It Well

