

## The Patient Interview



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## Before we Start...

- What the word 'dizzy' means to you?
- Leading on from this:
- Has any one ever had a problem with dizziness and if so what does it feel like?
- Long term consequences of balance problem that does not resolve

## Dizziness: Emotions Evoked

- Panic
- Loss of control
- Fear
- 'People think Im drunk'
- 'Ive got a brain tumour'

## Consequences of Long Term Dizziness

- Tiredness/ fatigue
- Headaches
- Time off work and financial consequences
- Inability to perform at full potential at work
- Inability to contribute to home life fully
- Anxiety (occasionally fear of going out)
- Depression

## Dizziness and Consequences

- Having any kind of dizziness can be very frightening
- Patient education and correct intervention as quickly as possible will:
  - Reassure patient
  - Help patient get better as quickly as possible
  - Prevent turning into chronic problem with associated disabilities

## Patient Interview

- Establishes a relationship with the patient
- Provides information that with testing helps with diagnosis and enable patient to make informed choice about management options
- Don't take history- Facilitate Information Gathering

## Using a Questionnaire

- Assess current symptoms
- The effect of symptoms on life
- May give information patient does not give in interview
- Alerts you to anxiety
- Can be used as outcome measure (clinical audit)

## Vestibular Rehabilitation Benefit Questionnaire (Morris et al)

- <http://resource.isvr.soton.ac.uk/audiology/VRBQ/VRBQ%20pack.pdf>
- Three sections:
  - Dizziness/anxiety
  - Motion provoked dizziness
  - Quality of life
- Performed before 1st appointment and as rehabilitation proceeds
- Assesses degree of disability and handicap
- Given as percent deficit

## Part A: Dizziness and Anxiety

**Part A:** This part asks about how often you experience different things

### 1. I feel dizzy

*all the time*      *very often*      *quite often*      *sometimes*      *not very often*      *only very occasionally*      *never*

### 2. I get a feeling of tingling, prickling or numbness in my body

*all the time*      *very often*      *quite often*      *sometimes*      *not very often*      *only very occasionally*      *never*

## Part B: Motion Provoked Dizziness

**Part B:** This part asks about how dizzy you get when you make certain movements. **Please do not circle 'not at all dizzy' if you avoid making the movement.** Please either try the movement and then answer or talk to your Vestibular Rehabilitation therapist before answering

### 9. Looking up at the sky makes me feel

*not at all dizzy*      *very slightly dizzy*      *mildly dizzy*      *moderately dizzy*      *really quite dizzy*      *very dizzy*      *extremely dizzy*

### 10. Moving my head slowly from side to side makes me feel

*not at all dizzy*      *very slightly dizzy*      *mildly dizzy*      *moderately dizzy*      *really quite dizzy*      *very dizzy*      *extremely dizzy*

## Part C: Quality of life

**Part C:** This part asks about your lifestyle and feelings compared to before the dizziness started. **Please read each question carefully to make sure that you circle the right answer for you.** Some of the questions are phrased in a way that suggests you have a problem (e.g. 'Compared to before the dizziness started, I have trouble focusing my eyes') but some of the questions are phrased in way that suggests you do not have a problem (e.g. 'Compared to before the dizziness started, I feel comfortable travelling').

If a question does not apply to you, please circle 'same as before' rather than leaving it out.

**19. Compared to before the dizziness started, I avoid some activities, positions or situations**

<i>a lot more</i>	<i>quite a bit more</i>	<i>a little bit more</i>	<i>same as before</i>	<i>a little bit less</i>	<i>quite a bit less</i>	<i>a lot less</i>
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**20. Compared to before the dizziness started, I am happy to be on my own**

<i>a lot more</i>	<i>quite a bit more</i>	<i>a little bit more</i>	<i>same as before</i>	<i>a little bit less</i>	<i>quite a bit less</i>	<i>a lot less</i>
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## Getting Started

- Review referral letter and hospital notes
- Introductions and body language important
- Collect patient from waiting room and greet warmly
- Explain what you are planning to do during the session and in what order

## Introductions

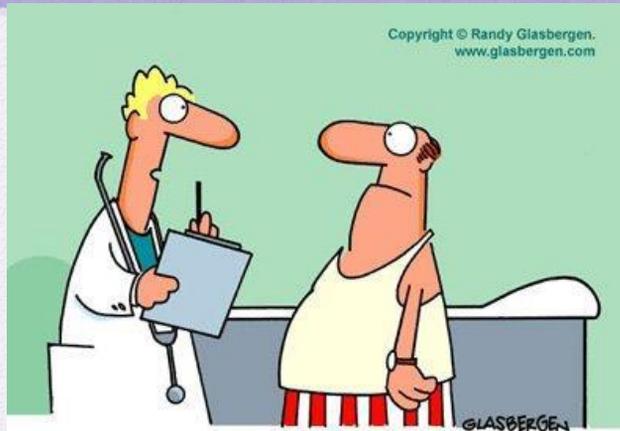
- Good introductions
  - Hand shake and smile, Hallo my name is, here today for, what we are going to do is, can I ask whether you would like to be called Mrs X or Ann
- Poor introduction
  - No hand shake/smile, looking at watch, no intro, how long have you felt dizzy for

## Good skills



Do not sit behind desks!

## Bad skills



**“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”**

## Questioning Skills (1)

- Open questions
  - Tell me about your dizziness
  - How are you feeling today
- Closed questions
  - Have you ever suffered from a migraine
  - Yes and no or brief answers
- Questions using patient prompts from list
  - Did you feel any of the following: Spinning, light headed, movement of the world, nausea, faint

## Questioning Skills (2)

- To encourage patient to talk/answers to open ended questions:
  - Silence
  - Nonverbal encouragement
  - Neutral utterances
  - Reflection: verbal and non-verbal
  - Summary and paraphrasing

## Advanced Skills

- Some patients symptoms will have profound effect on quality of life.
- Sometimes you will be the first person they feel able to talk to about it
- Eliciting emotions is good! (although often uncomfortable for both clinician and patient)
- May be first step they need to manage their symptoms and begin to get over them
- Let patient off load if need be and listen

## Emotion Handling

- Emotion handling
- Understanding
- Respecting
- Reinforcing how positive it is that the pt has been able to express his/her emotional response
- Acknowledging if they have coped well in any way
- Supporting

## Two Stages in Patient Interview

- Interview should be a Patient-Clinician collaboration
- Patient centred
- Let patient talk
- Use of open questions
- Clinician centred
- Obtaining the rest of information you need to obtain
- May contain closed questions

## Patient Centred

- After introductions, encourage patient to talk
- 'What brought you here today'
- Let patient tell you what is important to them
- Be prepared to be flexible: let patient dictate pace and order of the information
- Open ended questions to clarify: Do not lead
- Give selection of answers if need
- Summarize at end

## Clinician Centred

- Clarification of history patient has given
- Identification of contra indications to testing
- Closed questions where necessary

## Information you need to obtain

- Detailed description of 1st and subsequent attacks of dizziness:
  - Description: **vertigo vs other dizziness**
  - Spontaneous or evoked by movement
  - Timing: seconds, minutes, hours, days
  - Frequency: if multiple attacks
  - Symptoms in between attacks
  - Associated symptoms: Hearing loss, tinnitus, nausea, fullness

## Information you need to obtain (2)

- Current symptoms/balance:
  - With head or body movements
  - In the dark
  - In busy visual environments
  - Ability to walk in a straight line ?
  - Veer in one direction
- Affect on quality of life
  - Working?
  - Home life
  - Avoidance behaviour

## Information you need to obtain (3)

- Hearing problems/ tinnitus
- Vision and proprioception
- Back and neck problems
- Migraines
- Medical (including otological)
- Medications
- Balance medication: have they taken it today?
- Check for side effects of dizziness/postural hypotension

## Information you need to obtain (4)

- Contraindications for testing
  - Dix Hallpike (BPPV)
- Severe back or neck problems
  - Calorics(see BSA procedures)
- Ear pathology/operations
- Heart conditions
  - VNG
- Epilepsy