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Presents:

Essential Medical Interview Skills for the Herbalist with Paul Bergner, RH (AHG)

Hosted by Mimi Hernandez
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Materia Medica and Therapeutics are wasted without Effective Interview Skills

If you don't get the story right, or get it completely, you will have the right materia medica and therapeutics for the wrong patient.

Interview skills are relationship skills and carry the complexity, challenges and psychological issues as those in your other relationships

Interview Skills

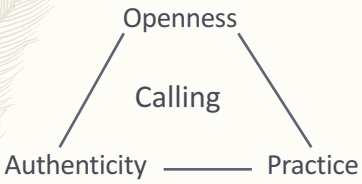
- Psychospiritual
- Personal
- Technical

Psychospiritual skills

- Equally important with personal technical skills
- Can make or break and interview or a career
- Skills
  - Connection to a sense of Calling
  - Setting aside the false persona
  - Self awareness: Acknowledging and setting aside buttons and issues

The Calling

Clinical work as a spiritual path



Setting aside the healer's false persona

- The difference between "healer" as ability and healer as identity.
- Ability constantly grows with experience
- Identity is constantly challenged by reality.
- The healer's false persona is usually a coverup for feelings of anxiety and inadequacy.
- The result is often projection onto the patient and nappropriate, punitive, judgmental heroic methods.
- Feelings of inadequacy at the level of mastery

- Skill: **Humility** in a healing situation is attunement to reality
- ***Show up as yourself***, in your own story, with openness, curiosity awareness, authenticity
- Skill: Acknowledging and setting aside buttons and issues
- Being present
- Fall back on your Calling, and your Authentic experience

Authenticity and practice

- "You can't push spaghetti uphill."
- The practitioner must be engaged in addressing their own personal "edge" in healing.
- The practitioner must be engaged in self-care, self-healing using the methods they espouse
- The practitioner can ***invite*** the patient to a higher level of health and self awareness

Personal Skills

- Courtesy and genuine respect
- Listening
- Eliciting
- Shut up and listen ("shutting up" has to be practiced)
- Reflection and synthesis

Getting the story right

- Two stories intersecting, two events unfolding together
- You are never "done" with your training.
- Every case is a learning experience, a development with the next chapter of your lifelong-learning case-based education if you approach it with openness, authenticity, and practice.
- Self discovery for both parties

Structure of the interview and visit

- Phase I Gathering information ***in the patient's words***.
  Skill set. Eliciting and Shutting Up
- Phase II Directed questioning Skill set: OPQRST
- Phase III Case analysis (evolves throughout interview and guides it)
- Phase IV Negotiation of case analysis with patient
- Phase V Treatment Plan
- Phase VI Negotiation of treatment plan

Setting the space

- Use props, smudge if appropriate
- Skill: ***Making an intention***
- **Confidentiality** sets the space, and is the beginning of the establishment of a therapeutic and trusting relationship. It is critical.
- The interview goes differently with and without it.
- A serious ethical commitment

The chief complaint

- "What Brings you here today,.
- This is the motivator. The subsequent relationship will depend on whether you keep this in mind.
- Consider the stages in their process before they arrive at your door.
- Skill set: Listening, Eliciting, and Shut Your Mouth

Secondary complaints

- "Is there anything else you would like to address today"
- "Do you have any other health concerns? "
- Sometimes the "secondary" complaints are more important *medically* than the chief complaint but not from the point of view of patient motivation
- Secondary complaints help fill out the patient pattern and may give insights into the roots of the chief motivator.

The watershed of the interview

- When the patient replies "no" to you repeated questions about other complaints or health concerns, the direction of the interview, and the skill set, make a profound shift.
- The skill set shifts from listening, eliciting, and STFU to directed questioning.
- This second stage of the interview will not work well unless you did the first state thoroughly and skillfully.
- You may see the patient breathe a sign of relief when they say "no."
- Often no other practitioner in their life has actually let them state their full complaint picture.

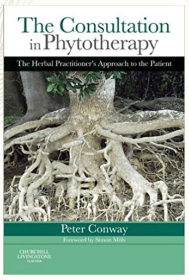
OPQRST

- Onset
- Provoke or Palliate
- Quality
- Radiate, How does it affect the life
- Severity (most critical groundwork for an effective follow up)
- Timing. When, how long, how often, season, etc

Leading questions

- "But your honor, the prosecutor is leading the witness!"
- Don't put a potential answer to the question in the question
- Don't ask what can be answered with a yes or no.
- Example: Constipation interview.
- A complex issue requiring **ongoing practice and honing throughout the career.**

Recommended for ***professional practitioners*** to improve interview skills, also as an introductory textbook



The Consultation in Phytotherapy: The Herbal Practitioner's Approach to the Patient

By Peter Conway Dip Phyt, FNIMH, FCPP, DTM, Cert Ed

- **ISBN-13**: 978-0443074929
- **ISBN-10**: 0443074925

The follow up.

- ***Everything is theoretical until the first follow up***
- This **makes or breaks** your career.
- This is where **authenticity** comes from
- **Did the patient take the meds**
- **Clarification of progress or decline**
- **Do you have before and after scores?** The patient is their own worst witness.

Patient 1 had "no improvement"

Joints and Muscles

	Week 1	Week 6
pains or aches in joints	5	2
stiffness	4	2
pains or aches in muscles	5	2
weakness	4	2
numbness	4	1
Score	22	9

Patient 2 had "a little bit" of improvement

Joints and Muscles

	Week 1	Week 3
pains or aches in joints	5	3
Stiffness	2	0
pains or aches in muscles	3	0
Numbness	2	0
swelling in hands or feet	2	0
Total	14	3

Patients reported little or no improvement

After:

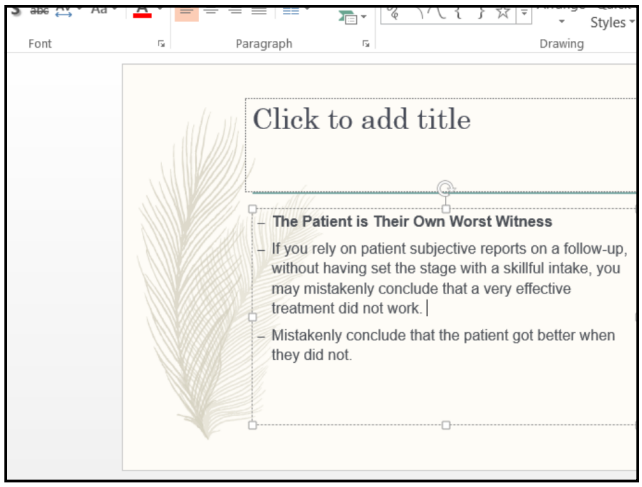
- Disappearance of chief complaint, hip pain disturbing sleep, after 3 weeks
- Disappearance of panic attacks after 3 weeks
- Disappearance of deep depression after 3 weeks (patient was enraged)

Other Elements of the Interview

- Gathering an overview of the lifestyle
- Medication History. (Must get the T from OPQRST)
  - Ask the patient to bring all meds and supplements to the interview
- "Review of Systems"
  - Continue to avoid leading questions
  - Get OPQRST for any new complaints that are revealed here.

Takeaways

- **The Patient Knows More Than You Do** about their own story and condition.
- If you can elicit information and help them initiate the the process of self examination they can often tell you their next best step on their own.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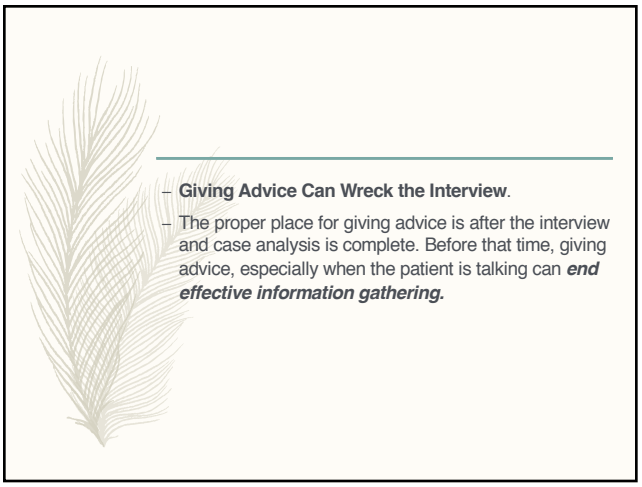
– The Patient is Their Own Worst Witness
– If you rely on patient subjective reports on a follow-up, without having set the stage with a skillful intake, you may mistakenly conclude that a very effective treatment did not work.
– Mistakenly conclude that the patient got better when they did not.


– **Giving Advice Can Wreck the Interview**.
– The proper place for giving advice is after the interview and case analysis is complete. Before that time, giving advice, especially when the patient is talking can ***end effective information gathering.***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