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D. Indicators for information gathering

D1	Facilitating the patient's narrative with active listening techniques, minimising interruption	<p>Listening to the patient's narrative, particularly at the beginning of an interview, enables the health professional to more efficiently discover the story, hear the patient's perspective, appear supportive and interested and pick up cues to the patient's feelings. Interruption of the narrative has the opposite effect and in particular generally leads to a predominantly biomedical history, omitting the patient's perspective.</p> <p>Observable skills of active listening techniques include:</p> <ul style="list-style-type: none"> A. <u>the use of silence and pausing</u> B. <u>verbal encouragement</u> such as <i>um, uh-huh, I see</i> C. <u>echoing and repetition</u> such as "chest pain?" or "not coping?" D. <u>paraphrasing and interpretation</u> such as "Are you thinking that when John gets even more ill, you won't be strong enough to nurse him at home by yourself?"
D2	Using initially open questions, appropriately moving to closed questions	<p>Understanding how to intentionally choose between open and closed questioning styles at different points in the interview is of key importance. An effective health professional uses open questioning techniques first to obtain a picture of the problem from the patient's perspective. Later, the approach becomes more focused with increasingly specific though still open questions and eventually closed questions to elicit additional details that the patient may have omitted. The use of open questioning techniques is critical at the beginning of the exploration of any problem and the most common mistake is to move to closed questioning too quickly.</p> <p><u>Closed questions</u> are questions for which a specific and often one-word answer is elicited. These responses are often "yeah".</p> <p><u>Open questioning techniques</u> in contrast are designed to introduce an area of enquiry without unduly shaping or focusing the content of the response. They still direct the patient to a specific area but allow the patient more discretion in their answer, suggesting to the patient that elaboration is both appropriate and welcome.</p>
D3	NOT using compound questions/leading questions	<p>A compound question is when more than one question is asked without allowing time to answer. It confuses the patient about what information is wanted and introduces uncertainty about which of the questions asked the eventual reply relates to.</p> <p><i>An example would be "Have you ever had chest pain or felt short of breath?"</i></p> <p>A leading question includes an assumption in the question which makes it more difficult for the respondent to contradict the assumption. e.g., "You've lost weight, haven't you?" or "You haven't had any ankle swelling?"</p>



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