

Coaching Best Practices – History Taking

General Recommendations for History Taking:

Getting Started:

1. Always introduce yourself to your patient and the patient's family. During your introduction, tell the family what they can expect during the course of your interaction with them.
2. Practice making the environment as private and free from distractions as possible. This can be difficult, but try to think creatively about places you can go for the interview. It is acceptable to ask visitors to step out for a few minutes to conduct your interview.
3. Pay attention to your body language and what mood or tone it conveys to patients/families. If possible, sit down next to the parent or patient when interviewing them. Remove physical barriers completely, or move them to the side when conducting your interview. This demonstrates your interest in the patient and reinforces that you are paying attention to and focused on them.

Initial Questions:

1. Consider beginning the interview with an open-ended question. Questions such as, "Tell me a little bit about your family," or "Tell me a little bit about what a day looks like for your child," are helpful in getting an overall sense of the context of patients' lives and may point to specific areas for follow-up questioning and/or intervention.
2. In general, family history should be collected on less sensitive issues first (e.g., asthma). Move on to more sensitive issues (e.g., cancer, family deaths) once less sensitive ones are discussed.
3. Avoid medical terminology and remember to ask if patients understand what you are saying. It can be helpful to ask families to repeat back what they heard to confirm if you are communicating clearly and effectively.

Follow-Up Questions:

1. Remember that several broad questions are applicable to any complaint. These include questions about the duration, severity, location/radiation of pain, pace (worsening, improving, staying the same), associated symptoms, and whether patients have tried any therapies.

2. Important information can be gleaned by asking a question in multiple ways. For example, “Has your child ever been to the hospital?” may elicit a response of “no,” but “Has your child ever been to the emergency room?” may elicit a response of “All the time.” Same is true for, “Do you have any questions?” versus, “Do you have any concerns,” or “Are you worried about anything we’ve discussed today?” Think creatively about how to ask a question in multiple ways.
3. When developing your differential, narrow your questions down to be as specific as possible. For example, instead of asking, “What does the vomit look like?” ask “Was there any red (blood) or green (bile) in the vomit?” This can help avoid confusion on the part of family and may help you narrow in on a diagnosis.
4. As you collect family history, follow through on any issues that may affect the care of the patient by asking for more details. For example, if the patient has an unwell sibling, it would be wise to question how this affects the family dynamic, the care provided to the patient, and the resources needed to support the patient’s health.
5. Always practice praising parents for their good efforts when you notice them.

Specific Recommendations for History Taking:

1. If you are using an interpreter, consider asking the family if they understand the interpreter well. A simple question of “Do you understand my questions?” and “Do we need to find a different interpreter?” may alleviate any communication barriers.
2. For medically complex patients (especially teenagers), it may be helpful to make a list with the patient and his/her parent of all their current concerns. Ask the patient pick the concern that is bothering him/her most and ask the parent to pick the issue he/she is most concerned about. Focus your visit on those two items.
3. For diabetic teenage patients, ask very specific questions about situations related to high and low blood sugar to help assess the patient’s knowledge. This can help you assess adherence issues and whether you need to change insulin dosage or other treatment plans.
4. When interviewing teens with multiple pain and mental health issues, it is always helpful to spend a few minutes assessing the basics of sleep, eating, physical activity and stress level.
5. Always ask teens about sexual activity, drug, and alcohol use. If you need a path in consider asking, “Tell me what you do for fun? What kinds of activities do you do with your friends? or How do you de-stress?” For teens who may be reluctant to share, try depersonalizing and asking, “What do your friends like to do for fun?” or “How do your friends relax or let off steam after a stressful day or

- week?” Follow-up with specific questions about drug use and sexual activity.
6. Another way to assess for drug or alcohol use on the part of the parent is by asking, “Do you have any concerns about the alcohol or drug use of anyone in the home, including yourself?”
 7. Try to address nutrition with all patients, regardless of their chief complaint. For some patients and families, hospital visits are the only time where diet and exercise issues can be addressed. These conversations can often be casually inserted into history taking or the physical exam, and you may be able to “plant seeds” about healthy habits (e.g., explaining the potential harmful effects of high orange and apple juice consumption). Major behavior changes are difficult to achieve, but small ones are not and your recommendations may have a big impact.
 8. You do not need to cover everything for a specific age range during a well check. Rather, select a few key issues to bring up and allow room for the patient/family to bring in their own concerns and help direct the encounter. Limiting the issues to the top 3 is often reasonable, especially if you will have the opportunity for follow-up.

Additional Tips from the Coaches:

1. *Breastfeeding advice for first-time moms:* Heal sore nipples by expressing a small amount of milk after every feeding and gently coating the nipple with the milk – letting the nipples air-dry
2. *For young children:* Pay attention to any jewelry (e.g., small bracelets, necklaces) or other adornments on newborns or toddlers and consider potential for choking or other hazards. If you’re concerned, bring it to the attention of the parent.
3. *For older children:* Be creative during your interview! Assess achievement of developmental milestones while talking with the parent or family. For example, ask the child to write his/her name on a piece of paper or to draw a person or their family while you’re gathering a history from Mom or Dad.
4. *For residents:* It is normal to feel uncomfortable during the patient interview. This process can feel highly intrusive and unnatural, especially when compared to how we are in our daily interactions. There is no way to succeed as a physician without asking such questions, so try to embrace your discomfort, while still maintaining a style that conveys respect and concern for the patient. Listen attentively and look for cues that may warn of patient distress so you can respond.