

Letters to the Editor

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 Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to jscherger@ucsd.edu. 858-232-8858. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

In Response

Patient Interviewing Behaviors

To the Editor:

Medical interviewing is the basis of our profession. It is how we learn about our patients to provide care for them. Yet, interestingly, there is a paucity of research examining the techniques we use. Takemura et al add to this limited body of literature with "Which Medical Interview Behaviors Are Associated With Patient Satisfaction?"¹ While their conclusion that reflection and legitimation impact patient satisfaction and confirm what I have found to be true in my own practice, some of their methodology raises questions regarding their conclusion of the lack of importance of the other techniques. These design issues—namely (1) interviewers of different skill levels were used, (2) the length of interview (LOI) was not limited, and (3) data collection concerning the five interview behaviors was different—could lead to β error, an inability to discern effect.

They report no significant difference associated with level of training and patient satisfaction.¹ However, there was no subgroup analysis published. The breadth of participant experience, ie, medical students, residents, and fac-

ulty, could introduce uncontrollable variables. Did experience influence the amount of time spent with a patient? Did experienced interviewers incorporate nonverbal cues and/or other techniques more effectively?

The LOI was not addressed prospectively in the study design. Among other things, time can affect opportunity to use the techniques studied, familiarity between patient and interviewer, and the chance to get the patient's story right. Although time was controlled after data collection, the potential confounding impact of LOI on patient satisfaction could be astronomical and would be better addressed in the design phase.

The frequency of reflection and legitimation techniques was counted during the video review while the techniques of soliciting the patient's opinion/expectations and using the patient's name were simply evaluated with a yes/no answer. Their Table 2 showed that even reflection/legitimation showed a threshold of effectiveness.¹ Could this also hold true for the latter techniques, eg, the more patient opinion was solicited, the more the patient was satisfied?

It is exciting to see research in this area. This study provides a starting point for evaluating interview tools we use every day. Identifying the group to study,

limiting the length of interview, and collecting the data in a uniform way may provide us insight in to how to better serve our patients.

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REFERENCE

1. Takemura YC, Atsumi R, Tsuda T. Which medical interview behaviors are associated with patient satisfaction? *Fam Med* 2008; 40(4):253-8.

Teaching Physical Exam Skills Using Web-based Video

To the Editor:

Teaching physical exam is always challenging on multiple levels. Oriole et al present a promising idea of using Web-based video (WBV) to increase physical exam performance of medical students.¹ The intervention improves the score on the physical examination (PE) checklist. However, the physical exam (PE) process score did not improve. I am concerned that the WBV might not address trainees' interpersonal skills, which are essential for a proper physical exam.

The data on PE process is shown as the sum of the four items: (1) attention to patient comfort, (2) efficiency of exam, (3) draping, and