

## **COURSE INTRODUCTION**

### **THE STUDENT'S ROLE (What Will it be Like to Walk in and Start Interviewing a Patient?)**

Maybe you've been looking forward to clinical interviewing. When the time comes to actually meet your first patient, however, you may find your enthusiasm fading. When you get right down to it, your preparation may seem inadequate. You may feel that you don't know very much about either medicine or dentistry or interviewing, and suspect what little you do know won't help very much.

There are perils: Suppose your patient cries--will you have somehow caused harm? Is it really fair to expect someone who is sick to participate in your education by going through a student interview? What if the patient asks you a question you cannot answer? And what about patients who are demanding, or clinging, or seductive, or angry? What do you do about patients who never stop talking, or won't talk at all, or are too confused to give you a straight answer? This sounds like a no-win situation for you. Although the true risk of these situations is almost nonexistent, you will be tempted to play it safe when what is really needed is to take some brave chances with your ego. Learning comes only with trial and error, and in a context of some anxiety and uncertainty.

Have courage. You've got more going for you than you realize. The following section focuses on some of the special considerations of the student role that make learning clinical skills such as interviewing a bit easier. You'll find that the same successful skills in dealing with people that have helped you this far in life will be assets in dealing with patients. If you can ignore the intimidating atmosphere of a large dental school and hospital, and just appreciate your strengths and abilities, you'll do okay.

#### **Is Your Preparation For Interviewing Adequate?**

You must already know something about interviewing--you made it through the Admission Committee's interviews! And, you've been successfully talking to people all your life. Clinical interviewing is specialized conversation. The difference between daily conversation and clinical interviewing is mostly in what you talk about; the process is much the same in both situations.

You don't know a lot about the interviewing process because there really isn't a lot to know. Instead of a lot of lecturing, reading and memorizing, learning to interview involves mastering a few basic principles and then practicing them over and over again with real patients. William Osier, one of the all-time great clinicians said, "Medicine is learned by the bedside and not in the classroom. Let not your conceptions of the manifestations of disease come from words heard in the lecture room or read from the book. Let the word be your slave, not your master." And, in the dental setting we could add to "bedside", the words "office" and "dental chair".

The simplicity of the interview format is misleading, however. If the process is really so simple you say, why invest valuable study time in preparing? Unfortunately, when a task depends on a few basic principles, there isn't a lot to fall back on if something goes

wrong. Reading a road map isn't very difficult, but without knowing the basics, getting lost is easy. And, since the interview initiates the entire clinical process, it influences what follows: the physical examination, laboratory or clinical testing, and treatment.

### **What to do When You Don't Know Much About Disease?**

How can you intelligently do an interview if you don't know a great deal about disease or about dentistry? First, you already have an extensive knowledge of the human body, its major organ systems and how they function. Even if you do not know about specific diseases, you have no difficulty recognizing that a patient who has abdominal pain, vomiting and diarrhea is more likely to have a disorder of the gastrointestinal tract than of the musculoskeletal system. And, if the patient also has chills, fever, a toothache and a facial swelling, your own health experience will suggest that the patient probably has some sort of infectious disease. Once knowing the system involved, and the pathological process, all that remains for a complete diagnosis is a bit of detective work to identify the casual chain of events that culminated in the patient becoming ill. You will meet the "organ system-pathologic process-cause" formula many times again; it is the basis of translating symptoms and signs into a formal disease definition. Experienced clinicians seem to skip these steps and go right to the correct diagnosis, an intuitive skill that results from years of experience and learning familiar patterns. The experienced dentist may seem to ask only a few questions and make a brief clinical exam, and arrive at a correct diagnosis. You'll get there, too. At the beginning of your clinical career, however, you'll need to rely on a more deliberate analysis when examining a patient with an unfamiliar illness-which happens all the time even in highly specialized practices where you might think there is nothing new to be seen. Even the experienced clinician relies on an understanding of the patient's psychosocial and medical history to arrive at a correct dental diagnosis and produce a meaningful treatment plan.