ORAL MEDICINE 515:
Interviewing and History-Taking
Course Requirements:

• Large group sessions (3)
• Clinical sessions (2)
• Small group "mentor sessions" (2)
• Written
This is all mostly from the “medical” literature
Why go to all this trouble?
So again, why go to all this trouble?

- Bayer study.
- But medicine still gets done. Dentistry still gets done.
- So what’s the problem?
Basics of interviewing
3 components:
• Social history
• Medical history
• Chief complaint
Usually start with the Chief Complaint

Why are you here?
Brief, succinct. (OK, we’ll come back to that)

Then Social History
Why? Because illness doesn’t happen to bodies, it happens to people.
Usually don’t need life history, but need enough to understand the illness in the context of the person.
Now the Medical / Dental history

How much medicine are you expected to know?

Are you going to be a “technician” or an “oral physician”.

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A Few Concepts

• Objectivity
• Interpretation vs. Observation
• Precision
• Sensitivity
• Specificity
• Reproducibility
Objectivity:

What does it mean to be objective when interviewing a patient and taking a medical/dental history?
Interpretation vs. Observation

It’s easy to confuse interpretation with observation.

Premature interpretation compromises objectivity.
Precision

What do you mean by…?
How would you describe….?
Tell me more about…. 
Sensitivity and Specificity

Sensitivity: the ability of a test (or an interview) to “pick up” real cases of disease.

Specificity: the ability of a test (or an interview) to “rule out” disease in a normal individual.
So you have pain on the right side?

What do you think is causing the pain?

When did the pain start?

Does it feel more like a tooth is hurting, or more like it’s in your cheek?

Has there been any swelling? Show me where?

When I push here does it hurt?

Does it only hurt when you eat?

The Answer
Reproducibility

Problems:

• Patients have their own benchmarks for what is important.
• Patients may learn as they go that some things are more or less important.
• Patients may have “organized” their illness in some way that makes sense to them.
• Patients may consciously change their story.
• Interviewing skills play a role.
When you go to clinic:

- Take a gown
- Take protective eyewear
- Leave personal stuff in locker
- Dress appropriately
- Don’t chew gum
- Interview assessment form