An Evaluation Instrument for Interviewing Skills in Psychiatry

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Abstract:

Background*:* Instruments to assess nurses' interviewing skills for in psychiatry are rare. In this study, we use such an instrument to identify and evaluate interviewing skills.

Methods*:* We designed a 6-month training program with 12 courses. The first 10 courses included didactic lectures combined with role-playing exercises to teach interviewing skills. We used an evaluation instrument that emphasized the six main elements of interviewing, including opening statements, conversation starters, empathetic statements, statements of the concrete effects of the patient's behavior, encouragement of the patient to discuss and identify conflict solutions that are mutually acceptable, and closing statements. In the last two courses, three examiners evaluated the nurses' interviewing skills.

Results*:* Four participants attended the training course two times, with an average score of 60.0. Two participants attended the course four, five or seven times, with average scores of 45.0, 52.5, and 72.5, respectively. One participant attended the course eight times and received a score of 82.5.

Conclusion*:* This study found that the more times the nurses engaged in the training course, the higher score their score in the assessment of interviewing skills. Because of this dose-response relationship, we suggest that this instrument is valuable for evaluating communication skills in difficult situations in psychiatric wards.

Keywords: Evaluation Instrument, Interviewing Skills, Psychiatry

Introduction

Interviewing skills are of paramount importance for nurses when caring for psychiatric patients, especially in difficult situations. For example, a dilemma may arise when a patient requests a discharge, but his mental status is not adequate to leave the hospital and return to his home or community. In addition, because of their poor insight into their disease, patients may refuse to take medications in the ward. Communicative skills are necessary to persuade patients to cooperate.

Most studies seem to agree that the results of communication training are better when the skill can be practiced than when only didactic lectures are provided. Simulated patients and role-playing have frequently been used to train communication skills. However, a

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recent review article indicated that using simulated patients is expensive and recommended that educators choose cheaper alternatives that are equally effective in improving interviewing skills. Nestel (2007) has offered guidelines to maximize the benefits of role-playing and Adkoli (2010) has used role-playing to teach conflict management.

A wide range of tools has been developed to evaluate interviewing skills (Swick et al. 2006). For example, an objective structured clinical examination (OSCE) is frequently used to evaluate communicative skills in medical care (White et al. 2009) and in psychiatry (Rimondini et al. 2010). However, instruments to assess interviewing skills for difficult situations are rare in psychiatric fields.

In this study, we used role-play in combination with didactic lectures. We then used a new instrument to evaluate nurses' interviewing skills to determine the effectiveness of the training course and the viability of the instrument.

Methods

This study was approved by the institutional review board of Yuli Hospital, which is located in mid-eastern Taiwan and provides highly rated long-term care and rehabilitation programs for approximately 2,600 chronic psychiatric patients. Fifteen new members of the nursing staff were included in this study, all of whom gave their informed consent to participate in the study.

From March 2009 to September 2009, we conducted a 6-month training program consisting of 12 courses. The first 10 courses included a didactic lecture combined with role-playing to teach interviewing skills for difficult situations. In the last two courses, three heads of nursing and one senior nursing staff member acted as patients and were interviewed by the nurses who had attended the courses. The role-playing situations were decided by drawing lots. The possible situations included six vignettes (Appendix I), each describing a specific situation that may be encountered in a psychiatric ward, such as a patient smoking in his or her room. Three staff members evaluated the nurses' interviewing skills using an evaluation instrument (Appendix II) containing six main elements of interviewing: opening statements, conversation starters, empathetic statements, statements of the concrete effect of the patient's behavior, encouragement of the patient to discuss and identify conflict solutions that are mutually acceptable, and closing skills. For each element of interviewing, interviewers earned a score of 0 if they never used the skill, 1 if they used the skill once, and 2 if they used the skill twice or more. We averaged the scores for each element $(0 - 2)$ to obtain the final score, which had a range of $0 - 12$. For convenience in comparing the scores, we divided the total score by 12 and changed it to a 100 percentile score.

Results

Twelve out of 15 participants completed this study. All of the participants were female and between 23 and 35 years old. Three of the participants were married, their average education was approximately 15 years, and their average time working in this hospital was 16 months.

Table 1 shows that four participants attended the training course two times, with an average score of 60.0. Two participants attended four, five or seven times, with

average scores of 45.0, 52.5, and 72.5, respectively. One participant attended eight times with a score of 82.5.

Discussion

This study found that the more times the nurses engaged in the training course, the higher they scored in the assessment of interviewing skills. Because of this dose-response relationship, we suggest that this training course can effectively improve nurses' interviewing skills and that this instrument is viable for the evaluation of communication skills in difficult situations in psychiatric wards. The exception to this finding, that the scores of four members who attended only two times were better than the scores of the members who attended three, four or five times, is explained by the fact that these four members practiced interviewing skills more often in the ward. Thus, interviewing skills can also be improved by self-learning and practicing.

Because psychiatric patients are difficult to train and because they may suffer from negative feelings after participating in assessment exercises, this study used head nurses and senior nursing staff to role-play patients. However, the nursing staff may have experienced increased anxiety because they were interviewing the head nurses. Therefore, their scores might be underestimated.

Limitations

The main limitation of this study was the small sample size and its restriction to one hospital. Further research is necessary to evaluate the effectiveness of this instrument.

Conflict of Interest: nil.

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Table 1 Frequency distribution of attending times, number of nurses, and average scores						
Attending times	2	3	4	5	7	8
Number of nurses	4	1	2	2	2	1
Average scores	60.0	40.0	45.0	52.5	72.5	82.5

Appendix I Six Vignettes

1. A patient always wants to smoke in the bedroom, but this behavior is against the law. How do you deal with him?

2. A patient says that this drug is a poison and does not want to take it. How do you deal with him?

3. A patient wants to go shopping, but you know that he has no money. How do you deal with him?

4. A patient says that he has completely recovered and needs to be discharged, but you know that he is not ready to be discharged yet. How do you deal with him?

5. A patient wants to become friends with you, but you know it is not appropriate. How do you deal with him?

6. A patient often commits theft in the ward, and you are his principle nurse. How do you deal with him?

Appendix II Evaluation Instrument for Interview

Remark: If the interviewer did not use the following skill, they received a score of 0; if they used once, 1; and if twice or more, 2 in each elements.

a. Opening: saying hello to the interviewee, greeting him, introducing to him, welcoming him, and so on.

b. Door openers: can use door openers such as "hmm, go on…", "very interesting", or nodding your head, saying "I see", make eye contact with him, and so on.

c. Empathetic statement: can respond to interviewee's emotion and feeling, can use a tone that resonates with the interviewee's feelings, and so on.

d. Stating concrete effects: can state the tangible and concrete effects of the interviewee's (patient's) behavior on you.

e. Determining solutions (the win-win method): can lead patient to determine the solutions that are acceptable to both the interviewer and interviewee involved in the conflict.

f. Closing: can thank the interviewee, encourage him, and lift his spirit, and so on.