

PRINCIPLES OF INFECTIOUS DISEASE EPIDEMIOLOGY

MODULE VI – INTERVIEWING 101

I. INTRODUCTION

- Interviewing people to elicit information is a key skill for any field epidemiologist.
- When investigating a disease case or outbreak, we must help people “open up” and give us accurate information.
- Success in disease control often depends on the ability to develop trust and rapport, and to aid people in recalling what has happened.

Because interviewing is a skill that requires practice, this module will present only the “basics.” You will have the opportunity to practice during the Workshop portion of this course.

Objectives: Module VI is designed to prepare public health workers to meet the following objectives:

- Define the purpose and goals of epidemiologic interviewing
- Describe methods used to assure confidentiality
- Identify the three components of effective communication
- Describe several techniques for maintaining objectivity and eliciting accurate information

II. WHO DOES AN EPIDEMIOLOGIST INTERVIEW?

Field epidemiologists may interview a wide variety of people in the course of their work, such as:

- Health professionals reporting a disease case or outbreak
- People diagnosed with, or suspected to have, an infectious disease
- People who may have come into contact with someone with an infectious disease
- People who may have been exposed to a disease source (for example, a food establishment, specific food product, or water supply)
- Workers involved in a suspected disease outbreak, such as food service, health care or childcare workers

Interviews may be done in person or by telephone and may take place in all kinds of settings, such as:

- homes
- hospitals
- workplaces
- schools or childcare centers, or even
- “on the street” - anywhere a disease investigation takes us.

Example:

A hospital laboratory reports a case of *Salmonella* in a young woman who is hospitalized.

Interview #1:

The field epidemiologist calls the hospital's records department to get information to complete the initial CD-1 report.

Interview #2:

- The field epidemiologist:
 - visits the hospital and interviews the patient, using a standard enteric disease investigation form.
 - finds out, through this interview, that the patient had lunch with a friend two days before she became ill.
 - finds out that the friend has been mildly ill with nausea, diarrhea, and fever.

Interview #3:

- The field epidemiologist:
 - calls the friend and completes an enteric disease investigation interview.
 - finds out that the friend works in a childcare center, and has continued to work throughout her illness.
 - arranges for the friend to be tested for salmonellosis.

Interviews #4, #5 and so on:

From here, the investigation may take two different directions, each of which will require more interviews.

- First, the field epidemiologist will go to the restaurant where the two women had lunch and interview the manager (and perhaps staff) to find out whether any of the staff are ill, whether complaints of other illnesses have been received, etc.
- Second, if the friend's lab test is positive for *Salmonella*, interviews will need to be conducted at the childcare center where the friend works.

III. WHY CONDUCT INTERVIEWS?

The basic purpose of an epidemiologic interview is to get information that can help prevent the spread of disease. Interviews may:

- Obtain complete data for disease reporting and analysis
- Provide "clues" that lead to hypothesis development
- Identify the source and/or connections between disease cases or outbreaks
- Help prevent the development of disease in those potentially exposed
- Help prevent the complications of untreated disease in those already infected

The goals of an interview vary with the type of interview. Some common goals are:

- To get honest, complete and accurate information

- To educate the person being interviewed about the disease and its treatment
- To motivate the person to assist in identifying additional people at risk and preventing the spread of infection
- To reduce the risk of the person spreading the disease

IV. TRUST AND CONFIDENTIALITY

Trust

To gain the trust of the interview subject, **rappport** must be established by

- discussing common interests.
- showing the person that this is not just a job, and that you truly care about their health and the health of those around them.
- explaining the goal of the interview and how it will benefit the person and others.

Confidentiality

- Confidentiality is a very important principle in public health work.
- Interviewing is a voluntary process, which requires the acceptance and cooperation of the person being interviewed.
- If the person has concerns about whether the information will be kept confidential, they may be reluctant to provide information.
- The preservation of confidentiality is established by health department policy and practice, and by state and federal statutes. The interviewer should be familiar with the policies and procedures of his/her agency.
- Missouri law (Revised Statutes of MO 192.067) allows the Department of Health and Senior Services to obtain information from medical records, for purposes of conducting epidemiological studies to be used in promoting and safeguarding the health of the citizens of Missouri. This authority extends to the local public health agencies through departmental rules and contracts. See Module III, Public Health Surveillance, for more information about public health's legal authority to collect information.
- In most epidemiologic investigations, the person giving information must be reassured that they will not be identified publicly. There may be important exceptions, however. If bioterrorism or other intentional exposure is suspected, a criminal investigation may be necessary. In that case confidentiality could not be guaranteed.
- What does confidentiality mean to the person being interviewed?
 - Contact names must only be used for field investigation and notification.

- A contact must never be told the name or identity of the person who named them as a contact (or given other information that could lead to identifying the source, such as specific times, places, etc.).
- Information must be shared only with other health professionals who have a need to know in order to perform the investigation.
- Methods for maintaining confidentiality:
 - Avoid revealing any identifying information about other cases or contacts—not only name, but also age, race, gender, location of index patient, etc.
 - When using the telephone, ensure that you are talking with the correct person. Verify that he/she is in a private setting.
 - Follow special procedures when interviewing persons or other sexually transmitted diseases (more information on this will be shared in the Workshop).
- If an interview is not about personal medical information, then confidentiality safeguards may not apply. For example, information collected from a foodhandler about the process used in food preparation is not considered medical information, and may be an open record after an outbreak investigation is completed.

V. COMMUNICATION: SOME BASIC COMPONENTS

Effective interviewing requires good communication skills. There are three components of effective communication:

1. Non-verbal communication
2. Verbal communication
3. Effective listening

1. Non-verbal communication is extremely important - some say it is more important than the actual words we use. Here are some tips for good non-verbal communication:

- Eye contact: Good eye contact conveys confidence in yourself, your message, or both. Too much eye contact can be seen as aggressive.
- Facial expressions: Be aware that any facial expressions can affect the interaction. It is best to approach the person in a non-threatening manner.
- Body orientation: Fully face the person while maintaining appropriate eye contact. The optimum distance from the other person is between 18 inches and four feet.
- Posture: Body positioning can have a great impact on communication. Lean forward and listen intently to show interest. Don't appear too relaxed (by pulling back or putting your feet up) - this tells the person you don't care.
- Physical environment: Ideally, the interview should be held in a private location with few distractions.

When interviews are done by phone, of course, non-verbal communication is less important. However, your tone of voice and the pace of your speech can convey some of the same messages that non-verbal cues such as posture convey in person.

2. Verbal communication refers to the way we organize and present the words we use. Some tips for good verbal communication include:

- **Brevity:** Be brief and to the point.
- **Primacy:** Say the most important things first, to help the person remember them.
- **Organization:** Ask your questions and present your messages in a logical and sequential manner. It is always best to use a prepared format for an interview.
- **Appropriate educational level:** Remember that many people cannot understand technical terms or complicated sentences. The average reading level among the public is 4th to 6th grade. Use familiar terms and avoid “talking down.”
- **Clarification:** Always give the person the opportunity to ask clarifying questions. If they don’t understand what you are asking, they cannot give accurate information.
- **Repetition:** Repeat important topics to help the person understand and remember the message. You may also ask the person to repeat the information.
- **Specificity:** Be explicit. Do not raise irrelevant points or “beat around the bush,” or the message will be lost.

3. Effective Listening is a vital part of communication. Effective listening includes non-verbal and verbal feedback to the person who is talking.

- Non-verbal feedback conveys encouragement, and may include nodding, smiling, and other appropriate gestures.
- Verbal feedback means paraphrasing what the person said, or responding to the content. This conveys you have heard and understood what was said.
- Avoid selective listening. Listen to the entire message being communicated, not just what you want to hear. You may miss something very important!

VI. OBJECTIVITY

There is one other key ingredient of a good interview. The interviewer must remain objective and try to elicit accurate information. To do this:

- Don’t anticipate the answers - let the person speak for him- or herself.
- Go back over any responses that seem inconsistent. For example, when reconstructing an exposure history, if there are gaps, contradictions or the timing seems “off,” gently guide the person through the sequence of events again. It can be hard to remember things that happened days or weeks ago!
- Never “lead” a person to a particular answer, even if you have a strong suspicion what the answer “should be.” You will only harm the investigation by influencing the responses.

- If you sense that the person is hesitant to share some information, concentrate on making them comfortable. You may need to “back off” and come back to that subject again later.
- Take some time at the end of the interview to go over your notes and ask any needed follow-up questions.

Interviewing is an important but challenging part of field epidemiology. In the Workshop portion of this course, you will have the opportunity to practice with other students.

Remember, a good interviewer:

- is well organized.
- establishes rapport with the person being interviewed.
- assures confidentiality (when appropriate).
- uses good verbal and non-verbal communication skills.
- always remains objective.