

## The Patient Interview Form: Solving the Patient Population Crisis

Among the disciplines, medicine is uniquely situated. Like many professions, medicine offers services to an immense number of people on a regular basis. However, medicine's services, literally the alleviation of suffering and the prevention of death, are especially crucial: ineffective medical practice can easily lead to further suffering on the part of the patients. It is evident that every patient needs a thorough evaluation of his or her symptoms, but the sheer number of patients to be examined, even on a daily basis, works against such thoroughness. This conflict of patient need and patient inflow has been resolved within the medical community by the medical patient interview form genre. This genre allows medical professionals to be specific when initially evaluating a patient's symptoms, while using time in the most economic manner possible. For this analysis, I have collected three separate patient interview forms from three medical institutions in the United States, in Hattiesburg, Mississippi; Austin, Texas; and Evansville, Indiana.

Devitt, Reiff, and Bawarshi usefully define "genres" as "the typical rhetorical ways of responding to a situation that repeatedly occurs within a scene" (22). This definition holds true for the patient interview form as a genre, in which the scene is the medical institution and medical community, and the situation is the initial interplay between professional and patient. Like all genres, the patient interview form cannot be understood apart from the rhetorical

situation that it exists to resolve. This is arguably why the genre has existed within Western medicine only in the past century-and-a-half, stimulated by changing economic and social conditions. These developments, including the accelerated growth of cities and state-supported public health policies, have led in this period to an increase in the number of individuals able to access medical services. The medical community, in turn, resolved this patient population explosion both by expanding in number itself and by developing the patient interview genre. The genre was created, and persists, due to the exigency caused by this large patient population.

An analysis of the layout of the genre itself naturally reflects this situational role. All three examples of the genre that I sampled are highly similar, suggesting that this genre's form has become largely standardized throughout medical communities. Also, all three primarily employ the rhetorical appeal of logos, in that they seek to recognize and describe the patient's problems in a rational, scientific, and empirical way (Devitt, Reiff, and Bawarshi 66). They all begin with a brief demographic section, where the attending professional notes factors such as age, sex, marital status, and so on. After this brief opening, the true body of the genre begins, consisting of organized sections detailing the patient's medical history, allergies, family medical history, current medications, alcohol and tobacco use, and symptoms. Crucially, the attending physician is not to be too highly descriptive of the patient's current state; that would be too time-consuming. For example, the symptoms section does not consist of blank lines in which to describe the patient in detail. Rather, it is a collection of systemic categories, such as "musculoskeletal" and "gastrointestinal," under each of which is a list of possible symptoms, such as "diarrhea," "nausea," and "joint pain," each of which has a "Yes" and a "No" circle next to it. The attending professional simply checks whether a symptom is present or not. Indeed, most of the information to be recorded on the form is in a similar binary manner: the presence or

absence of a disease in the patient's medical history or the presence or absence of common patient allergens, and so on. Again, this bimodal method serves to give an initial overview of the patient's condition in a minimum amount of time. Simply marking "Yes" or "No" for a symptom is much faster than describing the nature and severity of that symptom, a more time-consuming act that can be performed later if necessary.

Patient interview forms do not function solely within the professional/patient relationship, but also within the community's genre system, or the interrelationship between different genres and between the genres and their community (Bazerman 318). For example, a nurse or physician assistant (PA) will often conduct the initial interview with a patient and fill out the accompanying interview form. By setting aside or giving that form to the doctor or other professional who will later examine that same patient, the nurse or PA can prevent the need for multiple professionals to have multiple initial interviews with that patient. This use of the genre recalls Karlsson's finding that "people orientation," or, in this case, patient orientation, tends to encourage literacy that is for "handing over experiences," or documenting completed work and passing on records of that work to co-professionals (62). Once again, the purpose of interview forms is seen to accelerate the process of seeing patients. Interview forms also play a strong intertextual role, in that they can influence how other community professionals see and write about the patient at hand. Indeed, interview forms have the potential to be more influential than other medical genres. This is because these forms are usually the first text that a medical community produces about a patient, and can therefore easily affect later discourse about that patient.

Interview forms can be a strong influence on professionals within the medical community, but their effect on patients is just as important, if not more so. As the initial point of

contact between physicians and patient symptoms, the interview itself is likely more important to the patient than the form itself. However, the structure and function of the interview is directly determined by the form. For example, the overwhelming emphasis of the interview form, and consequently of the interview, is on bodily health, with very little emphasis on emotional health, reflecting longstanding Western dualistic cultural views (Devitt, Reiff, and Bawarshi 60). Also, two of the three forms I sampled concluded with a section for the patient to indicate their insurance provider and provide a signature. This entails that the interview form has some real or perceived legal and financial aspects behind it. It would be interesting to investigate what effect these particular developments have had on the both the patients' and the professionals' view of both the interview form and the interview. More generally, I feel that the role the interview form plays in the interview, and therefore the professional/patient relationship, deserves further research.

The patient interview form as a genre represents a compromise made by the medical community between the twin dangers of high patient populations and ineffective medical service. Far from being just a compromise to overcome these two great problems, the patient interview has become one of the primary modes in which most patients communicate with medical professionals. I feel that future research into the medical community as a rhetorical scene should focus on its social aspects: either within the community, and among professionals, or between professionals and patients. Any research that I do perform in this discipline will have to take the interview form, and the interview it frames, into serious consideration. In my opinion, the genre is so central to the community's shared goals, alleviating suffering and death, and communicating with patients, that I do not believe the medical community can be fully understood without an understanding of this genre's role in it.

## Works Cited

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