How Clinical Interviews Are Conducted: A Cross-Linguistic Study of Japanese Nurse Practitioners and American Student Doctors

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Abstract
In medical/healthcare universities, students develop communication skills by participating in simulated patient (SP)-based practicums involving recurrent clinical interviews. The aim of this study was to elucidate the linguistic features related to participants' social relations and roles during clinical interviews conducted in Japanese and American English by comparing the interviews of 18 Japanese advanced nurse practitioners and 18 American student doctors with native-speaker SPs. A comparative analysis of their conversational data yielded results on the following aspects: how the two groups opened their clinical interviews, who started the conversations, the kinds of utterances made, and how the two groups tried to maintain good relationships with the SPs. When opening the interviews, the Japanese advanced nurse practitioners reconfirmed the patients' identification for safety of care, whereas the American student doctors used the patients' first names to build rapport. Another difference between the two groups was that the Japanese advanced nurse practitioners prefaced the interviews with apologies for making the SPs wait, whereas the American student doctors made sympathetic comments related to the SPs' physical conditions. When conducting the interviews, the Japanese advanced nurse practitioners used the SPs' medical data provided in the referral letters and patient charts. In contrast, the American student doctors allowed the SPs to explain their health conditions in their own words. Overall, although the two groups had mutual goals in determining the best approaches for patient care, the clinical interviews were carried out differently in the two languages.

Keywords: Clinical Interviews, Medical Simulation, Advanced Nurse Practitioners, Student Doctors, Opening, Rapport

Introduction

Educational simulation in healthcare learning allows students to put their classroom knowledge into practice. Learning how to conduct a clinical interview is the very first training step in developing the ability of students and trainees to communicate with simulated patients (SPs)[1]. Irrespective of whether the setting is a simulation class or a real patient interview, conducting a clinical interview involves getting to know the patients. Students and trainees can know and understand patients by being aware of their illnesses and/or showing empathetic reactions. The process of conducting a clinical interview may seem universal. However, different language societies, cultures, and institutions may communicate and interact differently. When analyzing different languages and the different social relations or roles involved in medical interactions at medical training institutions, the language behaviors of medical trainees, specifically advanced nurse practitioners[2] and student doctors, cannot be ignored. In this study, we used clinical interview corpus data in two languages—Japanese and American English—that focused on advanced nurse practitioners (ANPs) and student doctors (SDs) who met simulated native-speaker patients for the first time. The aim of this study was to describe the linguistic features these ANPs and SDs exhibited in clinical interviews with SPs.

For this study, we adapted Gumperz's (1982) interactional sociolinguistics approach, which examines how speakers provide signals to listeners, what speakers intend with their communications, and how speakers make inferences about communicative intent. Gumperz suggested that interactional participants use communicative strategies that align with the social and cultural contexts within a particular social context and institution, such as the teacher–student relationship in a classroom or the physician–patient dynamic in a hospital.

Study Objectives

The aim of this study was to elucidate how participants' social relations, roles, and rules affect their language usage in clinical interviews by comparing Japanese ANP–SP and American SD–SP interactions. We explored the linguistic features that the ANPs and SDs displayed in opening their clinical interviews, building relationships with SPs, and obtaining relevant patient information.

Previous Studies

Clinical interviews require medical providers to use robust communicative techniques: they must inquire about the reasons for a patient's visit, obtain the patient's information, provide medical knowledge, and/or perform physical checkups. In Lipkin's foreword in Cohen-Cole's (1991) book, he noted that clinical interviews place high importance on disease etiology, the diagnostic process, and the patient's therapy. During clinical interviews, medical providers carefully deliver questions that can help them obtain the necessary information from patients, trying to formulate a diagnosis while doing their best to build rapport. Establishing rapport with patients is another important aspect for medical providers when conducting clinical interviews. Respecting the patients, acknowledging them, and

[1] SP stands for standardized patient(s) in American medical schools.

[2] An advanced nurse practitioner is defined by the International Council of Nurses (ICN) as "registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Masters degree is recommended for entry level (ICN 2002)."

demonstrating warmth toward them are factors that partially build rapport (Riley 2019). At the same time, medical providers need to be assuring, emotionally available, and supportive of patients' needs (Cohen-Cole 1991; Platt and Keller 1994; Pudlinski 2005). Thus, without patients' trust, medical providers cannot perform the required medical interventions (Cohen-Cole 1991). For both ANPs and SDs, relationships with patients are all that matter in clinical practice. Needless to say, medical providers must be knowledgeable and technically skilled.

There is a major difference between how the two groups—Japanese ANPs and American SDs—are taught and trained in their respective schools. The clinical interview practicums at medical schools for SDs focus on how to listen to patients actively and respond to their emotions (Cohen-Cole 1991; Lipkin 1996; Saito 2000). However, Ofri (2017) criticized medical schools, stating that SDs are taught only to take a patient's medical history and not to respond to the patient's emotions. Unlike SDs, ANPs learn how to understand and communicate with patients while in nursing school. Thus, practicums for ANPs concentrates on how to diagnose patients the way physicians do. For nurses, learning how to listen to patients and respond to their emotions are partial requirements (Riley 2019). While there may be differences in how Japanese ANPs and American SDs handle clinical interviews, owing to the nature of their roles or social relations as nurses and doctors, respectively, they share a common understanding that empathy toward patients and an awareness of the presenting illnesses can lead to strong relationships with patients (Riley 2019; Platt and Keller 1994; Pudlinski 2005).

Methods

Sociolinguistics and a discourse analytic approach were adopted in this study to address how Japanese ANPs and American SDs engage with SPs in clinical interviews for the first time. The data for this study were collected from two simulated medical practicums—one from an ANP graduate school in Japan and one from a medical school in America. The participants included 18 ANPs from the Japanese graduate school and 18 SDs from the American medical school, each of whom met with simulated native-speaker patients and were first-year trainees and students, respectively.

Two differences were found in the data due to the practicums being from different countries, specifically with regard to the interaction duration and SPs' symptoms. The interaction duration was 10 minutes for the ANPs and 20 minutes for the SDs. As for the symptoms, the Japanese SPs played the role of diabetic patients, whereas the American SPs complained of fatigue. Neither the ANPs nor the SDs knew about the roles the SPs played or the symptoms the SPs had. During the practicums, the ANPs and SDs were asked to participate in clinical interviews with the SPs and to determine the possible problems affecting the SPs, but they were not required to diagnose the symptoms.

The data were audio- and video-recorded for the Japanese ANPs and audio-recorded for the American SDs and subsequently transcribed in Japanese and English, respectively. We analyzed the data by organizing the structure of the clinical interviews in accordance with Heath's (1993) delivery of diagnosis in general practice consultations and Cohen-Cole's (1991) clinical interview approach. We then compared each phase of the clinical interviews and determined how each group opened the interviews, what kinds of language exchanges were made, and how they elucidated the reasons for the patients' visitation.

Results

Before starting the SP interviews, Japanese ANPs and American SDs learned about the structure of clinical interviews (Cohen-Cole 1991; Saito 2000). An interview can be divided simply into three phases—beginning, middle, and end—or complexly into up to six phases (Heath 1993) as follows:

1. Opening the clinical interview
2. Elucidating the reasons for the patient's visit
3. Performing a verbal and/or physical examination
4. Considering the patient's problem
5. Planning the treatment or further investigation
6. Ending the clinical interview

Based on this structure of clinical interviews, we now present the results of the comparative analysis of the conversational data to address the following three aspects: how both Japanese ANP–SP and American SD–SP pairs opened the clinical interviews (phase 1), what kind of remarks they made in their preliminary talks (phases 1–2), and how they tried to elucidate the reasons for SPs' visitation (phase 2).

Clinical Interviews, Medical Simulation, Advanced Nurse Practitioners, Student Doctors, Opening, Rapport

The verbal greeting of "*Konnichiwa*" ("Hello") in Japanese, along with the nonverbal greeting of bowing in line with the Japanese culture, and the greeting of "Hello" or "Hi" in English for Americans were essential prior to commencing the clinical interviews. Following their own introductions, the ANPs and SDs identified the patients. Introducing oneself and calling the patients by name were important for the ANPs and SDs to show care and considerations toward the SPs (Cohen-Cole 1991; Riley 2019; Saito 2000) and for the SPs to gain a sense of security and trust in Japanese ANPs and American SDs (Riley 2019).

Our data showed significant differences between the two groups in terms of who arrived at the consultation office first and who waited for whom. The Japanese data showed that the ANPs waited in their consultation rooms for the SPs to arrive, whereas the American data showed that the SPs were already in the consultation rooms when the SDs arrived.

To open the interviews, both the Japanese ANPs and American SDs exchanged greetings, introduced themselves to the SPs, and confirmed the SPs' names. The Japanese data indicated that upon entering the consultation rooms, 6 of the 18 SPs (33.3%) initiated conversation by saying, "*Konnichiwa*" ("Hello"), "*Onegai shi-masu*" ("Please"),[3] or "*Osewa ni nari-masu*" ("Thank you for your support [in advance]"). When the Japanese ANPs (12/18 ANP; 66.7%) initiated conversation, eight ANPs greeted[4] the SPs with "*Konnichiwa*" ("Hello"), two ANPs introduced themselves by saying "*Kenshui no XXX desu*" ("I'm a resident, and my name is

[3] "*Onegai shi-masu*" ("Please") is used in various situations and interactions for requesting something that one cannot fulfill themselves, such as when asking someone to check an assignment/work, when prefacing an interview, when telling a taxi driver where one is going, or so on.

[4] In Ueda's (2007) research, some Japanese doctors started diagnosing their patients without greeting them first. However, this was not seen in our data.

XXX")[5], and one ANP apologetically started with "*Sumimasen*" ("Sorry"). The American data showed that the SPs waited for the physicians to arrive at the consultation offices and initiated conversation by saying, "Come in" (8/18 SPs; 44.4%). The SDs greeted the SPs by saying, "Hi," "How are you doing," "Nice to meet you," or a combination of two or more of these lines in a friendly manner as they entered (10/18 SDs; 55.6%).

We found differences between the Japanese ANPs and American SDs in how they confirmed the SPs' identities. All ANPs asked the SPs to say their own names, assuring them of the safety of patient care (100%). In contrast, ten American SDs (55.6%) identified the SP, stating their full names. One student mentioned his SP's name as follows: "And this is Debbie Armstrong (pseudonym)?" Nine SDs left it to the patients to decide whether they wanted to be called by their first or family name: "Do you want to be called Ms. Armstrong or Debbie?" Calling the SPs by their first name allowed the SDs to build rapport with them (Cohen-Cole 1991; Riley 2019; Saito 2000). The remaining eight SDs (44.4%) did not confirm their SPs' names.

According to Kido (1993), greeting someone in a medical situation for the first time is very sensitive; it not only indicates who helps whom but also how the health provider accepts the patient and vice versa. By greeting their patients and introducing themselves, medical providers can assure the patients of being cared for and worthwhile (Riley 201; Sully and Dallas 2010). This is a crucial moment for medical providers, as it determines whether their patients wish to continue the doctor/nurse–patient relationship or are reluctant. It is also important for health providers to ensure that their communication styles accommodate their patients, especially when the patients are in a glum mood. In the next section, we discuss how the ANPs and SDs accommodated the SPs in their talks.

Preface of the Interview

The people with whom health providers come into contact may be anxious, sad, or even angry because of their illness. Excerpt 1 below shows that an SP was fidgety and irritated when entering the consultation room and complained about the long wait to see the ANP. Upon hearing the SP's complaint, the Japanese ANP replied, "*Sumimasen*" ("[I'm] sorry"), which is underlined in both lines 2 and 12.

Excerpt 1

1 SP: *Yatto yonde itadake-ta.*
"Finally, my name was called."

2 ANP: *Suimasen. Omatase shite suimasen deshi-ta. Etto, mazu, o-namae wo ukaga-tte. Furu neimu de oshie-te kudasai.*
"[I'm] sorry. [I'm] sorry for keeping you waiting. Well, first [of all] could I have your name. Could you tell me your full name."

(8 lines are omitted)

11 SP: *Konna ni matsu to omowa-naka-tta.*
"[I] did not expect to have to wait this long."

12 ANP: *Suimasen.*
"[I'm] sorry."

[5] It is important, particularly in practicum situations such as in this study, that trainees inform patients carefully and beforehand that they are trainees who are still learning how to interview patients (Cohen-Cole 1991; Saito 2000).

As the SP entered the room, she started complaining, saying "*Yatto yonde itadake-ta*" (Finally, my name was called). Upon hearing the SP's complaint, the ANP humbly apologized twice: "*Suimasen. Omatase shite suimasn deshi-ta* ("[I'm] sorry. [I'm] sorry for keeping you waiting")." Apparently, the ANP's apology did not work for the SP because the SP continued to complain on her 11th line: "*Konna ni matsu to omowa-naka-tta*" ([I] did not expect to have to wait this long). The ANP emphatically replied, "*Suimasen* ("[I'm] sorry")."

According to Lee (2006), someone who makes a direct complaint expects to hear the other person's apology. People complain because they want others to understand the difficult situation they are in (Kamata 2017). Although the ANPs uttered "*Suimasen*", they were not apologizing for something they did wrong. In Japan, it is a social rule that people use this apologetic word as part of formulaic speech, starting a conversation while showing their sincere, humble attitude toward the other person involved. Miyake (2011) stated that, in the Japanese sociolinguistic context, people utter "*Suimasen*" in gratitude and as an apology interchangeably. In such social contexts, this utterance is preferred as an apology when the social relations between the participants are distant and asymmetrical (Miyake 2011). The apology of "*Suimasen*" is activated at an unconscious level when the speaker regards the situation or circumstances as imposing unnecessary burdens on the other person involved (Miyake 2011).

In this situation, the SP had to come all the way to the hospital and wait a long time to see the ANP, so the SP wanted the ANP to understand the SP's situation. In addition, the ANP knew that the angry exchanges that would result from arguing against the SP's complaints would not resolve the SP's health problems or frustration. Therefore, the ANP humbly accepted the SP's complaint and apologized. The data indicated that the ANP's language behavior (i.e., the humble apology) eased the unwanted distress that accompanied the SP's illness. Thus, health providers need to make adjustments to their communication styles depending on the patient; this will enable them to facilitate clinical interviews effectively and to build the doctor/nurse–patient relationship (Sully and Dallas 2010).

In contrast, the American SDs began their clinical interviews by greeting the SPs with a friendly "Hi," "How are you doing," "Nice to meet you," or a combination of two or more of these, trying to build rapport. Another way of maintaining the relationship with an SP involved making sympathetic comments regarding the SP's physical condition, as demonstrated in Excerpt 2:

Excerpt 2

1 SD: So, how are you feeling today?
2 SP: I'm tired. Sorry, I'm just tired.
3 SD: Oh, I'm just so sorry to hear that. Um, how long have you been tired for? When did it start?

In this excerpt, the SD may not have expected to receive such a response from the SP (i.e., "I'm tired") in the first place. The SD may have expected to receive a platitude in reply, such as "Fine," "Good," "Okay," or "I'm okay." However, as shown in the above excerpt, the SP not only responded with the negative expression of "I'm tired" but also emphasized her tiredness by repeatedly saying, "Sorry, I'm just tired." Upon hearing the SP's negative expression (line 2), the SD replied with a stretched-out, sympathetic "Oh." SD may have even uttered this in surprise because she expected to hear a plain response such as "good" or "okay." Heritage (1998) argued that an utterance prefaced by *oh* works as a token that shows

that the speaker who is seeking information has been satisfied within the sequence of questions and answers. Therefore, in the above excerpt, the use of "Oh" projects the SD's acceptance of the SP's health problems.

SD not only accepted the SP's feelings but also made a sympathetic comment. Riley (2019) talked about the importance of empathy and the use of clinical empathy in clinical situations. The author argued that clinical empathy, in a doctor/nurse–patient relationship, is "a tool or skill that is consciously and deliberately used to achieve a therapeutic intervention" (94), and "the goal of empathy is to aid in the establishment of a helping relationship" (94). Furthermore, Riley (2019) stressed that health providers' words must accurately reflect what their patients are experiencing. This is because patients come to clinics/hospitals seeking medical help, and as professionals, health providers welcome all patients (Kido 1993). This SD responded to the patient's emotions with "I'm just so sorry to hear that" and continued trying to gather the patient's data by asking, "How long have you been tired for? When did it start?" Medical providers' responses to patients' emotions will enable them to establish good relationships with the patients (Riley 2019; Platt and Keller 1994; Pudlinski 2005). The data showed that the SPs were informed of being under the SDs' care, which meant that their issues would be addressed.

Elucidating the Reasons for SPs' Visitation

The two groups differed in terms of how they conducted their clinical interviews. In the Japanese data, the patients' information was included in the referral letter and/or provided in the charts used to collect information on the patients' current symptoms and medical histories. The Japanese ANPs conducted their clinical interviews based on either the medical charts or referral letters, or both the charts and referral letters. The following excerpt, Excerpt 3, shows how an ANP referred to a referral letter:

Excerpt 3

ANP: *Kyou wa Uemura-iin no Uemura-sensei no hou-kara, eeto, shoukaijo wo itada-i-te jusinn wo sareta to iu koto desu kedo mo, Uemura-sensei no hou-kara ha nani ka, dono youna o-hanashi wo sare te ima-suka?*
"You brought Dr. Uemura's (pseudonym) reference letter from the Uemura Clinic, and you came to this hospital. What did Dr. Uemura talk about?"

SP: *Kettouchi ga takai kara, sugu ni isha ni shoukaijou wo motte ikinasai tte iwarete, kimashita.*
"(Dr. Uemura says your) blood glucose level is high. You have to bring this referral letter to see a doctor immediately."

Excerpt 4 shows that the ANP confirms both the patient's paperwork and the referral letter.

Excerpt 4

1 ANP: *Kochira-no-monshin-no-hou to shoukaijou-no-hou kakunin sase-te itadaki mashi-ta. Konkai ha, shoukai-jou mora-tta kara kita-tte koto nan-desu-kedo, sono shoukai-jo mora-tta-saki kara nani-ka kou iwa-re-ta koto toka ari-masu-ka?*
"(I have) checked the chart and the reference letter. Today, you have come (to this hospital) because (your family doctor) gave you this reference letter. What did he tell you about?"

2 SP: *Nani-ka saiketsu shite moraeta mitai-de. Kono-toki ni chotto shinpai dakara ookii tokoro de mite morae-tte iwareta-n-de. Maa taishita-koto-nai to omou-n-desu-kedo.*

"(I) had a blood test. And (there are) something concerns about. So (my family doctor) told me to check at (this) big hospital for further investigation. I think there is nothing to worry about."

3 ANP: *Wakari mashita. Kyou, chotto, o-isogi da-tte-iu-koto na-n-desu-ga.*
"(I) understand. Today, (you mentioned in the chart that) somehow, (you) are busy."

4 SP: *Sou-nan-desu-yo. Shigoto-tochu de kicha-tta-no-de.*
"(Yes,) indeed. (I) came to (here) in the middle of the work."

In this interview, the ANP mentioned "*monshin-no-hou to shoukaijo-no-hou*" ("the chart and the reference letter"), as given in the first line of the above excerpt. He then clarified whether the SP understood the details of the reference letter. Upon hearing the reason for the SP's visit to the hospital, the ANP asked the SP to clarify the message she wrote on the chart, as given in line 3: "*Chotto, o-isogi da-tte-iu-koto na-n-desu-ga*" ("You mentioned in the chart that somehow, [you] are busy").

In contrast, the American SDs did not consider the patient information provided, as evident in Excerpt 5:

Excerpt 5

1 SD: So, what are you feeling today?
2 PS: Um, I've just very, very like tired. Yeah.
3 SD: Okay. Tell me a little bit more about that.
4 SP: Um, uh, I've just been feeling like I have no energy.

Similar to the ANPs who conducted their clinical interviews based on the referral letters, two SDs also mentioned the medical charts (11.1%). However, 16 SDs (88.9%) started to consolidate the patients' symptoms from scratch and tried to appropriately diagnose their SPs through interrogative questions.

Discussion

In this study, we examined the comparative language behaviors of ANP–SP and SD–SP interactions in two clinical training institutions—one in Japan and one in the United States. Previous studies involving both ANPs and SDs have shown that medical providers follow a structure for clinical interviews: they open the clinical interview, elucidate the reasons for the patient's visit, perform a verbal and/or physical examination, consider the patient's problem, plan treatment or further investigation, and exit the clinical interview (Heath 1993). Cohen-Cole (1991) and other researchers have insisted that it is important for medical providers to establish rapports with their patients during clinical interviews, following which they can easily pursue medical care based on mutual trust.

Based on the findings of this study, two categories are discussed in this section: how the ANPs and SDs tried to maintain their relationships with the SPs and how they implemented the clinical interviews.

Maintaining Relationships With SPs: Being Humble or Establishing Rapport

The Japanese ANPs and American SDs differed in their manner of maintaining relationships with native-speaking SPs. The Japanese ANPs opened their clinical interviews apologetically. Even though the ANPs said "*Suimasen*" ("[I'm] sorry"), they were not apologizing for any

wrongdoing; in ordinary Japanese conversations, people tend to start their conversations with "*Suimasen*" to show their humble attitudes, especially when the two parties do not know each other well (Miyake 2011).

An ANP's humble attitude toward their SP was demonstrated when the SP made direct complaints about the long wait to see the ANP. The ANP apologized without making any comments against the SP. The ANP understood that the SP had an illness and was worried about his/her health. The ANP knew that arguing against the SP's complaints would result in an angry exchange of words, which would not resolve any of the SP's health problems (Kamata 2017; Lee 2006). Therefore, the ANP's language behavior indicated acceptance of the SP's pain and suffering and eased the SP's distress or unwanted frustration.

An American SD conveyed their sympathy toward their SP's physical problems by saying, "Oh, I'm just so sorry to hear that," upon hearing the SP say, "I'm just tired." Noticing and responding to an SP's emotions leads to a good doctor/nurse–patient relationship (Cohen-Cole 1991; Riley 2019; Platt and Keller 1994; Pudlinski 2005). In doing so, SDs not only speak out about how SPs feel about their illnesses but also convey the message, "You are now under our care, so you don't need to worry about." This unspoken message enforces the SPs' trust in their SDs.

Implementing the Clinical Interviews: Assurance or Consolidation

As they had limited patient information, both the Japanese ANPs and American SDs tried to obtain the reasons for the SPs' visits by identifying the chief complaints and diagnosing the illnesses or causes of the problems. The data revealed that the two groups differed in how they conducted the clinical interviews. A Japanese ANP mentioned the reference letter in Excerpt 3 and both the reference letter and the chart in Excerpt 4.

In contrast, most of the American SDs tried to consolidate their patients' information and symptoms from scratch by using the questions, "So what brings you in today?" and/or "Can you tell me a bit more about that?" Even though the SDs had the chance to read the medical charts beforehand, they interrogated the SPs to gather information about the SPs' symptoms themselves.

Conclusion

This paper is a preliminary study to explores distinctive features of Japanese ANPs and American SDs when they conduct their clinical interviews with native-speaker SPs. The Japanese ANPs and American SDs shared mutual goals: to determine the best approach for patient care and to establish trust and maintain good relationships with the SPs. However, the two groups in this study conducted their interviews differently. On the one hand, the Japanese ANPs tried to maintain a humble attitude when the SPs complained about the long waits. The ANPs knew that even if they argued against the SPs' complaints, the resulting angry exchanges would not resolve the SPs' health problems. The Japanese ANPs tried to sustain their humble attitude to ease the SPs' unwanted distress or frustration while regaining the patients' trust in the first place. On the other hand, the American SDs' sympathetic comments assured the SPs that they were cared for, leading to a sense of trust in the SDs and good doctor–patient relationships. Their relationships succeeded when the SDs noticed the SPs' illnesses and responded to their emotions.

Clinical interviews do not merely involve diagnosing illnesses or talking about subsequent treatment steps. Rather, clinical interviews also involve teaching and educating patients by providing them with medical information (Cohen-Cole 1991). As Cohen-Cole (1991) and Saito (2000) suggested, doctors, including ANPs, have different goals depending on their clinical practices. This study was conducted to determine the differences between the two language groups of health providers when they met their SPs. Future investigations should elucidate the considerable differences that remain between Japanese ANPs and American SDs in their conduct of clinical interviews.

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