

Week 4 Guiding Questions

This week you learned about the components of a psychiatric interview, specifically the history of present illness (HPI) and the history.

- How does the psychiatric HPI differ from the HPI you learned within your advanced physical assessment course?
- You have read about the art of asking questions; what do you think will be the most challenging aspect of the psychiatric interview?

Include the following sections:

I. **Reflection:**

In my learning this week I was able to differentiate the difference between the HPI in medicine and the psychiatric HPI. The history of present illness is a chronological description of the chief complaint. It is the patient telling you what caused them to have the presenting symptoms they are having. One of the differences between a general medical HPI and a psychiatric HPI is that the psychiatric HPI focuses solely on mental health symptoms and progression. The patient could be visiting today for insomnia; however, it is important as the clinician treating the patient and conducting the psychiatric interview to find out when the insomnia began and if it started due to anxiety or other psychiatric isolated episodes. In the psychiatric HPI it is best practice to investigate further the patient's psychiatric history; whether they have been on medications in the past, which medications, use of therapy and any hospitalizations they had should also be accounted for. It is important to gather information regarding the patient's response to treatment in the past as it may help their present issue or assist in their overall plan of care. In my previous advanced physical assessment course, the HPI embodies the general body systems and notes any changes that correlate with the presenting symptom. If a patient is coming in for fatigue, I would previously assess their blood pressure, rule out any respiratory or cardiac symptoms that may be contributing to the fatigue but in psychiatric HPI the fatigue can be due to their depressive state.

One of the challenging aspects I found in the psychiatric interview is keeping the patient on track with their chief complaint. A psychiatric patient is more likely to go off course and elaborate on trivial information or stories that are not correlated with their symptoms and the PMHNP must find a way to refocus the patient back to the main topic. Using verbal communication techniques and restating what their main issue is or what brought them here is a tool I plan to use in practice to deal with this challenge. Allowing the patient to express themselves but being mindful of time is an important aspect as well. I will take note of the clock and ensure it is visible when starting the psychiatric interview.