

APPENDIX D: INTERVIEWING TO INCREASE RESIDENT VOICE IN MDS ASSESSMENTS

All residents capable of any communication should be asked to provide information regarding what they consider to be the most important facets of their lives. There are several MDS 3.0 sections that require direct interview of the resident as the primary source of information (e.g., mood, preferences, pain). Self-report is the single most reliable indicator of these topics. Staff should actively seek information from the resident regarding these specific topic areas; however, resident interview/inquiry should become part of a supportive care environment that helps residents fulfill their choices over aspects of their lives.

In addition, a simple performance-based assessment of cognitive function can quickly clarify a resident's cognitive status. The majority of residents, even those with moderate to severe cognitive impairment, are able to answer some simple questions about these topics.

Even simple scripted interviews like those in MDS 3.0 involve a dynamic, collaborative process. There are some basic approaches that can make interviews simpler and more effective.

- **Introduce yourself** to the resident.
- **Be sure the resident can hear what you are saying.**
 - Do not mumble or rush. Articulate words clearly.
 - Ask the resident if *they* use or own a hearing aid or other communication device.
 - Help *them* get the aid or device in place before starting the interview.
 - The assessor may need to offer an assistive device (headphones).
 - If the resident is using a hearing aid or other communication device make sure that it is operational.
- **Ask whether the resident would like an interpreter (language or signing)** if the resident does not appear to be fluent in English or continues to have difficulty understanding. Interpreters are people who translate oral or written language from one language to another. If an interpreter is used during resident interviews, *they* should not attempt to determine the intent behind what is being translated, the outcome of the interview, or the meaning or significance of the interviewee's responses. The resident should determine meaning based solely on *their* interpretation of what is being translated.
- **Find a quiet, private area where you are not likely to be interrupted or overheard.** This is important for several reasons:
 - Background noise should be minimized.
 - Some items are personal, and the resident will be more comfortable answering in private. The interviewer is in a better position to respond to issues that arise.
 - Decrease available distractions.

- Sit where the resident can see you clearly and you can see *their* expressions.
 - Have your face well lighted.
 - Minimize glare.
 - Ask the resident where you should sit so that *they* can see you best. Some residents have decreased central vision or limited ability to turn their heads.
- Establish rapport and respect.
 - The steps you have already taken to ensure comfort go a long way toward establishing rapport and demonstrating respect.
 - You can also engage the resident in general conversation to help establish rapport.
 - If the resident asks a particular question or makes a request, try to address the request or question before proceeding with the interview.
- Explain the purpose of the questions to the resident.
 - Start by introducing the topic and explain that you are going to ask a series of questions.
 - You can tell the resident that these questions are designed to be asked of everyone to make sure that nothing is missed.
 - Highlight what you will ask.
 - End by explaining that *their* answers will help the care team develop a care plan that is appropriate for the resident.
 - Suggested explanations and introductions are included in specific item instructions.
- Say and show the item responses.
 - It is helpful to many older adults to both hear and read the response options.
 - As you verbally review the response options, show the resident the items written in large, clear print on a piece of paper or card.
 - Residents may respond to questions verbally, by pointing to their answers on the visual aid or by writing out their answers.
- **Ask the questions** as they appear in the questionnaire.
 - Use a nonjudgmental approach to questioning.
 - Don't be afraid of what the resident might say; you are there to hear it.
 - Actively listen; these questions can provide insights beyond the direct answer.
- **Break the question apart if necessary.** If the resident has difficulty understanding, requests clarification, or seems hesitant, you can employ unfolding or disentangling techniques. (Do not, however, use these techniques for the memory test).
 1. **Unfolding** refers to the use of a general question about the symptom followed by a sequence of more specific questions if the symptom is reported as present. This approach walks the resident through the steps needed to think through the question.

Example: Read the item (or part of the item) to the resident, then ask, “Do you have this at all?” If yes, then ask, “Do you have it every day?” If no, then ask, “Did you have it at least half the days in the past 2 weeks?”

2. **Disentangling** refers to separating items with several parts into manageable pieces. The type of items that lend themselves to this approach are those that include a list and phrases such as “and” or “or.” The resident is given a chance to respond to each piece separately. If a resident responds positively to more than one component of a complex item, obtain a frequency rating for each positive response and score that item using the frequency of the component that occurred most often.

Example: An item asks about “Poor appetite or overeating.” Disentangle this item by asking, “Poor appetite?”; pause for a response and then ask, “Or overeating?” If neither part is rated positively by the resident, mark no. If either or both are rated positively, then mark yes.

- **Clarify using echoing.** If the resident appears to understand but is having difficulty selecting an answer, try clarifying *their* response by first echoing what *they* told you and then repeating the related response options.
 - **Echoing** means simply restating part of the resident’s response. This is often extremely helpful during clinical interviews. If the resident provides a related response but does not use the provided response scale or fails to directly answer the question, then help clarify the best response by repeating the resident’s own comment and then asking the related response options again. This interview approach frequently helps the resident clarify which response option *they* prefer.
- **Repeat the response options** as needed. Some residents might need to have response choices repeated for each item on a given list.
- **Move on to another question** if the resident is unable to answer.
 - Even if the interview item cannot be completed the time spent is not wasted. The observation of resident behaviors and attention during the interview attempt provide important insights into delirium, cognition, mood, etc.
- **Break up the interview if the resident becomes tired or needs to leave for rehabilitation, etc.**
 - Try to complete the current item set and then offer to come back at another time to complete the remaining interview sections.
 - It is particularly important to complete the performance-based cognitive items in one sitting.
- **Do not try to talk a resident out of an answer.** If the resident expresses strong emotions, be nonjudgmental, and listen.
- **Record the resident’s response**, not what you believe *they* should have said.
- **If the resident becomes deeply sorrowful or agitated**, sympathetically respond to *their* feelings.
 - Allowing emotional expression—even when it is uncomfortable for you as the interviewer—recognizes its validity and provides cathartic support to residents.

- If the resident remains agitated or overly emotional and does not want to continue, respond to *their* needs. This is more important than finishing the interview at that moment. You can complete this and other sections at a later point in time.
- **Resident preferences may be influenced by many factors in a resident's physical, psychological and environmental state, and can be challenging to truly discern.**
 - Residents should be encouraged to articulate their desires and not be strictly limited by their physical limitations and perceived environmental restrictions.
 - When a resident is unable to communicate information about *their* preferences, a family member, close friend, or other representative must be used to complete preference questions. In this case, it is important to emphasize that this person should try to answer based on what the resident would prefer. The resident's preferences while in the nursing home and the resident's current responses when the particular item is offered or provided should form the basis for these responses.