

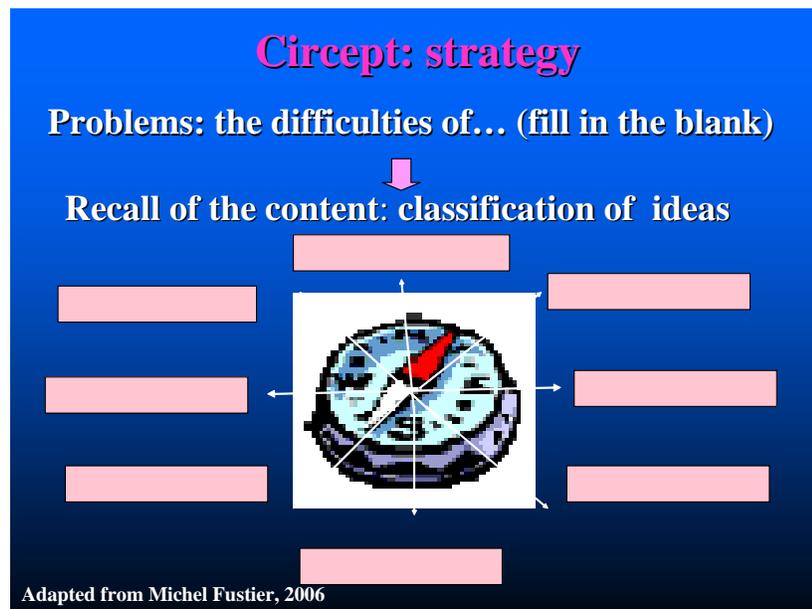
The circept: a means of enriching the interview with patients

By Margot Phaneuf, RN, PhD.

The interview with a patient is an important nursing task and one must often add other measures, either to seek additional information or to analyse what one has. One may for example use a genogram, a life line, or a circept, which is the subject of this paper.

The circept

The circept is a strategy which is not always immediately directed towards the patient. Indeed, as an aid to analysis, it may be used after the interview as a support for the nurse who wishes to orient herself through the meanders of what one has told her. But it can also serve during the interview in order to help classify the important ideas which arise during the conversation or to help the patient become aware of the necessity of putting a bit of order in the identification of their problems. In this latter event, the nurse can use an empty matrix, such as the one presented here, and complete it as necessary.



This strategy is very useful particularly in psychiatry, but also in education in order to help the student better visualize what has emerged during the interview.

It is often difficult, even for an experienced nurse, to understand and target the major difficulty or difficulties of a patient, and this is even more complicated for a student who necessarily has less knowledge and less experience in mastering the interview. Thus, the use of the circept after an interview enables one to reflect on the ideas which need to be brought out in order to orient the actions in a surer manner. Moreover, the teacher may also use it to better evaluate the student's ability to identify the real problems of the patient.

Definition

The **circept** may be classified as one of the methods used in problem solving. Like the other strategies of its kind, it aims to identify the difficulty, point out the target or targets for action, and is thus at the heart of the action. Indeed, isn't the identification of the problem the major element to consider in problem solving? Once the problem is identified, the circept presupposes future stages which will hopefully indicate the solution to the identified problem and which are left up to the initiative of the user.

This strategy is very useful as a support for the interview or the follow-up. It has been shown to be particularly useful for those with various existential or psychiatric problems or addictions to drugs, alcohol, medication, gaming or the modern scourge, the addiction to Internet (blog addiction).

It is first of all a strategy for analysing what the patient has said verbally and nonverbally. We are already familiar with *interview analysis*, which is another strategy enabling us to get a concrete idea of our intervention with a patient. Its application requires that we

The circept: definition and objectives

- ❖ **Strategy of analysis of an interview whose name comes from 2 terms: circular and concept.**
- ❖ **Author: Michel Fustier.**
- ❖ **Objectives: to give the professional a concrete representation of the important themes which emerge during the interview and especially those which appear to be the central ones.**
- ❖ **Presentation: it is presented visually in the form of a conceptual compass which orients the action.**

proceed with a detailed analysis of a part of the interview by relating and writing up in a chart, the words and gestures of the person as well as the verbal and nonverbal responses of the nurse or the student.

Added to this is a summary analysis of each one of the utterances in order to better appreciate its appropriateness, and to bring out the

dominant emotions and at times, propose a better adapted alternative. Interview analysis is very useful in education to facilitate reflection and metacognition by the student and also to enable the teacher to have an idea of the quality of the intervention of the student. It is also useful for the working nurse who wants to analyse her own behaviour during interviews with patients in order to improve on them. But the circept is very different.

The objective of the strategy

The strategy of the circept in no way diminishes the utility of interview analysis, its objective lies elsewhere. Essentially, it aims at focusing the attention of the professional on the major points brought up during the interview. In order to do so, it requires a process of constant analysis in order to be able to judge the importance of the subjects mentioned and their classification, which is its primary objective. But its aims do not end

there since, when all is said and done, and in a more indirect manner, its focus is on action.

The circept: procedure

- ❖ **Proceed with a relaxed and non-directive interview.**
- ❖ **As you go along, note on the matrix what appears to be the central idea expressed by the patient**
- ❖ **Or, after the interview, recall the main themes which were brought up and which appear to be the major preoccupation or suffering of the person.**
- ❖ **Classify and group the ideas which come up.**
- ❖ **Write them up on the axes of the matrix of the circept.**
- ❖ **Evaluate with the person, which problems, amongst all others, are those which appear to them to be the most important.**

The use of the circept may appear to be elementary, but it is not as easy as it seems. All depends on the situation. With some people, things may go fairly well, but with others, things may be foggy or even totally confused.

During an interview, a person who expresses themselves easily may at times speak in a steady stream giving here and there details which are useful, superfluous or even completely unrelated to the subject at hand, with comings and goings between the past and the present, including some projections for the future. At times, it may be difficult to find one's way, so much so that the nurse loses track. It may be useful to synthesize and reformulate frequently but too often this is insufficient to permit a real orientation in this mass of disparate information.

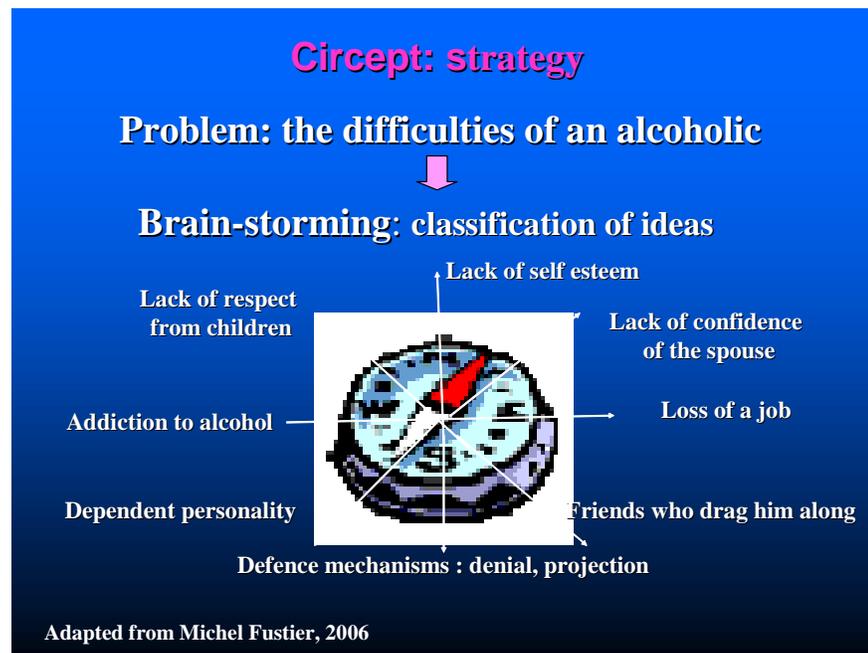
There is also the case of the patient who doesn't speak much and the nurse has to go after the least bit of information with oft-repeated questions. Efforts in this case are mostly centred on finding a way to get at some useful details, and one may easily lose a sense of discriminating between what is necessary and what is less so. In either case, the circept may be useful to help better understand the hidden sense of what the patient is expressing.

The procedure of the interview

If the circept is used during an interview, as with any other strategy of enrichment, it should be done in a Rogerian manner, open, non-directive and focused on positive consideration. The questions should not become a constant interrogation concerning the life of the patient and their problems or difficulties, but should rather be a respectful and relaxed exchange where one discusses with empathy the principal areas of preoccupation and suffering. We must ensure reflexive listening where reformulations of what is expressed show eloquently that not only is the patient heard, but understood.

The objective of the circept is not to fill in a diagram but to understand what is going on and what the person with the addiction or other existential difficulty is feeling. And it is only by grasping the most important elements that we can deploy an adequate targeted action which is appropriate for the situation. Therein lies the usefulness of this strategy.

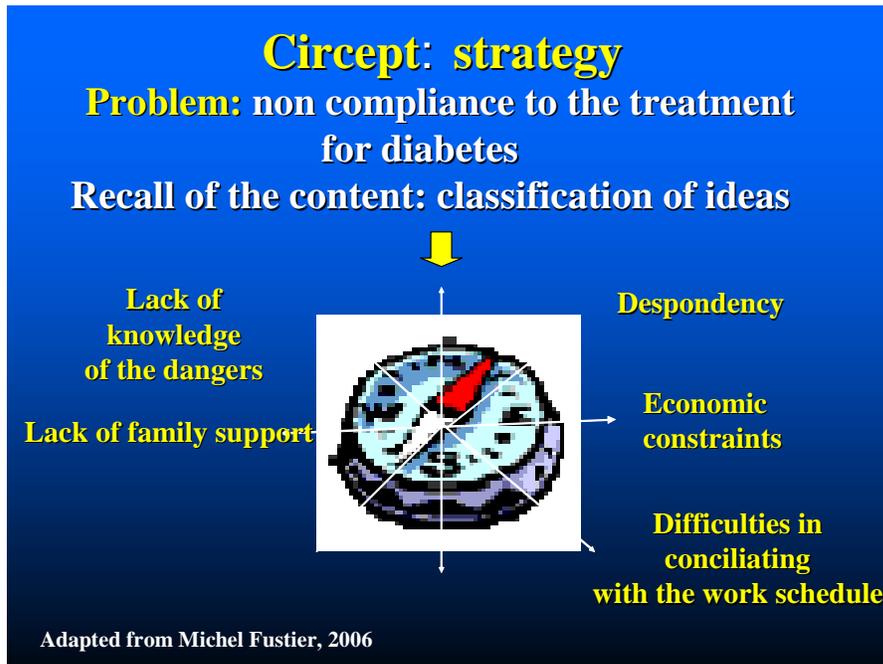
The objective and procedure of the circept as a support during the interview must be explained to the patient who can collaborate in a real partnership by confirming the importance of the elements which touch them.



One must however, take care that the diagram does not take our attention away from the patient and the active listening which we must ensure takes place. In summary, it is a question of jotting down several key words describing the important concepts brought up during the interview, and not focusing on the writing up of what the subject has said. Indeed, during the interview, whatever the support tool used, it is the former which must remain at the heart of our preoccupation.

If the circept diagram is filled in only after the interview, which is the most frequent case, the nurse must recall its content and the major points. An identification of the dominant themes can only be arrived at after a serious process of reflection and discrimination of the ideas broached. One must be careful not to jump to hasty conclusions so that subsequent actions do not risk being made on shaky foundations.

Once the major points are brought out, the nurse writes them down either on the prepared

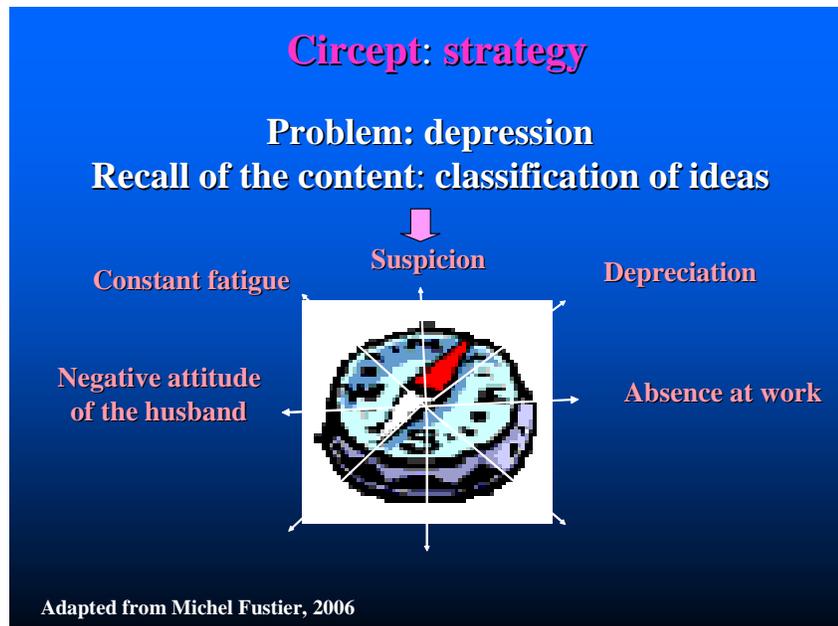


matrix or in any other document even if it does not have the image of the compass. The nurse can continue to identify amongst the dimensions retained, those which appear to be the most important or the most urgent. The nurse seeks to find, if possible, a solution, or at the very least tries to think of what

actions would be most appropriate to support the person and help them to face this difficulty.

The preceding diagram presents a circept of an alcoholic whose central problem is low self-esteem. Several other subjects brought up in this circept also ought to be the subject of attention of the nurse.

The other diagram illustrate the central themes of interviews with a depressive person and with a diabetic who does not follow the treatment prescribed.



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