Less Effective Patient Interaction Strategies	More Effective Patient Interaction Strategies
Serial or shotgun questioning	Interactive questioning
Interruptive questioning	
Using clinician language to pursue line of inquiry	Integrating patient language to pursue line of inquiry
Maintaining contact with writing in the chart	Maintaining eye and conversational contact with the patient
Using multiple conjoined questions	Asking simple questions and reinforcing of the answer
Reliance on medical ,dental jargon	Reliance on everyday terms
Reliance on telling rather than listening	Reliance on listening in order to cue "telling"
Preparing to speak rather than listening	Actively listening and creating a bridge to speaking
Conveying an attitude of expert prescription with the patient	Conveying an attitude of consulting with the patient
Performing the examination without introduction or feedback	Providing fair warning, guidance and reassurance during extra/intraoral exam
Ignoring expressed pain	Acknowledgment and empathy for expressed pain
Creating reliance on expert consultation	Providing support for self-management
Generating prescriptions that demand compliance	Generating suggestions/recommendations that invite alliance
Asking scattershot questions unrelated to professional line of inquiry	Understanding various differential diagnoses to develop a focused line of inquiry
"Getting answers" to questions	Acknowledging and highlighting answers to questions
Prescribing without understanding prescription history	Understanding patient's historical baseline before suggesting recommendations
Ignoring, postponing patient questions	Responding respectfully to patient's questions
Not seeking/Ignoring patient self-diagnosis	Actively seeking patient's insight to self-diagnosis and educating where necessary
Not observing patient's behavior and non-verbal reactions in the interview	Acknowledging the importance of non-verbal communication and accounting for it in the interaction