

The Art of Asking Questions

One of my beloved uncles just passed away. I asked my cousin-in-law, "How's Beth coping with the loss of her dad?" He replied, "She's doing fine. She's already gone through the grieving process." I later asked Beth, "How are you coping with your loss?" She sighed, "I haven't processed it yet. I can't believe it's happened. I'm sure it will hit me soon."

The same question about the same issue to two different people yielded two vastly different responses. And they're even married!

Does that make their answers wrong? *No.*

Does it mean that questions and answers go through personal filter systems with personal slants of perception? *Yes.*

Does asking questions and analyzing answers become tricky? *Yes.*

According to The Teaching and Learning Laboratory (TLL), a think tank designed to improve the quality of teaching and learning at MIT, the craft of asking and answering questions is built upon several skills. These include: phrasing and sequencing questions effectively; responding to questions so that time is used efficiently; keeping questions from leading into digressions (unless those digressions are a worthwhile investment of time and energy); using the right tone and delivery when asking or responding to questions; and dealing with the personalities and methods of interaction between questioners and respondents.

In the spirit of "practicing what you preach," this article will ask and answer questions about asking and answering questions, while keeping MIT's approach in mind.

What makes a question effective?

A good question is relatively short, clear, and unambiguous. People should ask only one question at a time. Pouring out a string of questions (even if they are on the same topic) will likely confuse your patients, and they won't know where to begin an answer.

Pay attention to the responses because they will let you know if you phrased the question effectively. When patients don't respond or respond poorly, it may be because the question was too vague or too broad. It may help to think backwards. Begin with the answer you want and then devise a question that will lead to that answer.

What are the different kinds of questions?

MIT suggests that the best way to categorize questions is on a continuum from relatively closed to relatively open.

Closed questions ask for very specific answers. Examples would be the three questions I posed at the beginning of this article that called for yes/no responses. Another type of closed question is the "Are you with me?" question that asks a listener to acknowledge the questioner's buy-in.

Open questions require more thought, such as "How's Beth coping with her loss?" These questions provide greater insights. The trick is to be quiet and listen to the responses.

After you ask a question, how long should you wait for a response?

Hold out as long as possible. Many people, if they don't get a response right away, immediately rephrase the question, repeat it, or even answer it themselves. The

Karen Cortell Reisman, MS

Ms. Reisman, author of "The Naked Truth About Giving Great Speeches," teaches organizations how to increase productivity by communicating effectively. She has been a visiting faculty presenter at The Pankey Institute, a speaker at dental meetings, and president of Speak for Yourself® for 14 years. To get Karen's Top Ten list on how to blow it as a communicator, send a fax to (972) 385-7652 and include your email address. Contact Ms. Reisman at www.SpeakForYourself.com.



latter is a particularly bad strategy since the listener will be even less inclined to answer.

Let at least five seconds elapse before you say anything else. That's hard to do. A study of college physics classrooms found that increasing wait time to five seconds had a positive effect on class participation, not only during that particular class, but also for the course as a whole. Be patient.

What can you do to get your patients to ask questions?

Give your patients a chance to frame their questions. The silence that follows your earnest "What questions do you have?" may be uncomfortable, but it's important. Convince your patients with your tone of voice and body language that you are receptive to their inquiries. Do this from the very first interaction, and be enthusiastic when they ask questions.

How can you best manage the process of answering patients' questions?

- *Be sure you understand the question.* This challenge can be handled by repeating the question. If you're not sure what the patient asked, rephrase the question in your own words, and check to make sure that's what he or she wants to know.

- *Be as direct as possible with your answer.* Questions are asked out of confusion or curiosity. Therefore, it's usually a good idea to be concise and honest with your response.

- *Be aware of your eye contact.* If you are answering questions from multiple people at one setting, such as a husband and wife during a case presentation, look at both people when answering. The passive participant may be the decision-maker. Be inclusive through your eye contact.

How do you know when you have the best answer?

Izzy Gesell, a personal and business coach, says, "The first answer rarely identifies the underlying cause or motivations." His rule of thumb is to go to the second and third levels. His example:

Level 1 — "Why don't you like to go to the dentist?" *"I'm afraid."*

Level 2 — "Why are you afraid?" *"I think I'm going to be in pain."*

Level 3 — "Why do you think that would happen?" *"I've had a bad experience ..."*

Gesell says, "It's here that you'll get a valuable discussion. The root of the issue is at this

third level. A much more potentially productive conversation will happen now, rather than just answering 'Don't be afraid,' which is one of the choices at the first level that doesn't get to the heart of the situation."

Gesell emphasizes, "You know you have the best answer when the issue is resolved or the patient is able to challenge his or her own limiting assumptions."

Any questions? Call or email me at www.SpeakForYourself.com. ■

Sources

- Teach Talk Library, Teaching and Learning Laboratory at MIT
- Izzy Gesell, CSP, www.izzyg.com.

© 2005 Karen Cortell Reisman, MS