

Exploration of the patient's problems

Patient's Narrative Encourages patient to tell the story of the problem(s) from when first started to present in their own words.

Questioning Techniques Use open and closed questioning techniques, moving from open to closed. (see separate worksheets for activities on open ended questions)

Start at the beginning and take me through what has been happening...

Tell me more about that...

Tell me how you have been going since I last saw you...

Tell me about the pain ...

Tell what is concerning you...

Tell me all about it from the beginning.

Listen Attentively

As the patient tells their story the doctor needs to listen attentively without interrupting. Leave space for the patient to think before answering or go on after pausing.

Facilitative Response

It is important to actively encourage patients to continue their storytelling and doctors need to employ verbal and non-verbal communication skills.

Encouragement Nodding the head, use of facial expression, face the patient directly, make more eye contact, adopt and maintain open arm postures, lean towards patient to decrease personal space.

Use neutral facilitators to signal to the patient to continue: "uh-uh", "go on", 'yes', and "um", "I see."

Silence A brief silence or pause can naturally facilitate the patient to continue talking. If the patient is having difficulty, a longer silence may be necessary to allow them time to express their thoughts. If you feel they need more encouragement, a statement such as "Can you bear to tell me what you are thinking?" may help.

Repetition Repeating the last few words that patient has said encourages them to keep talking. e.g. Patient: "He's really going downhill, doctor, and I don't know how I'm going to cope if he gets worse."
 Doctor: "How you're going to cope?" (rising tone)

Paraphrasing Is restating in your own words the content or feelings behind the patient's message. Paraphrasing checks that your **interpretation** of what the patient means is correct. They often begin with phrases such as:

So, what you're saying is...

Would I be correct in saying that you...

In other words...

Let me see if I understand that correctly...

It sound as if ...

Clarification of the patient's story is a vital information-gathering skill. Doctors may need to prompt patients for more precision, clarity or completeness. Often statements have more than one meaning.

Could you please explain what you mean by ...?

When you say dizzy, do you mean that the room seems to actually spin around?

*Have you ever experienced depression in the last two weeks since you hit your head?
(include a time frame in the question)*

I'm not sure that I follow you...

That's not clear to me...

Run that by me again...

I'm not certain what you mean...

I don't follow what you are saying...

I'm having difficulty understanding that...

I'm a bit confused about...

Internal Summary The doctor summarises from time to time to verify their own understanding of what the patient has said. They invite the patient to correct interpretation or provide further information.

Can I just see that I've got this right?

Can I check that I understood what you said correctly?

OK... (then name or list the points the patient has made) is that right?

Have I got that right?

So can I just go through them so I'm aware of everything...

I'd like to get this clear... am I right?

*So... there's ... (and list the points, perhaps on your fingers)
...have I missed anything out?*

Tell me if I've got this clear...

It seems as if...

I'd like to pause a minute and see if I've understood you correctly...

Let me take a moment to check that I've got it right...

Can I put it into my words...

Let's just recap...

You said/you mentioned x..., y... and z...

Language The use of concise, easily understood questions and comments, without jargon, is important throughout the interview.

Understanding the Patient's Perspective

Ideas and concerns determine the patient's ideas and beliefs about the cause of the illness and concerns regarding each problem.

Tell me about what you think is causing it.

Tell me what you think the problem is?

Tell me what was concerning you...is it cancer?

Is there anybody else you know who has had this problem?

What do you think might be happening?

Do you think it might be something serious?

Have you any ideas about it yourself?

Do you have any clues? Have you any theories?

You've obviously given this some thought. It would help me to know what you were

thinking it might be.

What was in your mind...?

What are you concerned it might be? (use “concern” rather than “worry”)

Is there anything particular or specific that you were concerned about...?

What was the worst thing you were concerned it might be?

What concerns you about this problem?

Effects Determine how each problem affects the patient’s life.

How does that make you feel?

What effect is that having on your life ...?

What effect is that having on your ability to ...?

I was wondering how that was affecting you?

Tell me how you are coping?

Expectations Determine the patient’s goals and what help the patient expects for each problem.

What were you hoping we might be able to do for this?

What do you think might be the best plan of action?

How might I best help you with this?

You’ve obviously given this some thought. What were you thinking would be the best way of tackling this?

I’m interested in your thoughts about what might be helpful before I make any suggestions...

Were you hoping I might do something in particular...?

Feelings and Thoughts Doctors often find exploration of the patient’s feelings quite threatening. Therefore, it is particularly important to develop awareness and practise the skills involved in discovering and responding to patient’s feelings. Doctors can fail to pick up cues to the illness framework because they are preferentially listening for cues about disease. E.g. Patient: “It’s been difficult at home and I’ve been getting a lot more pains lately.” It is easier for the doctor to pick up the disease cue “Tell me about the pains” rather than “You mentioned things have been difficult at home.”

Skills involved in discovering and responding to patient's feelings:

Picking up and checking out verbal cues:

- *You said you felt miserable. Could you tell me more about how you've been feeling?*

Repetition of verbal cues:

- *Angry...?*

Picking up and reflecting non-verbal cues:

- *I sense that you're very tense - would it help to talk about it?*
- *You sound sad when you talk about John.*

Direct questions:

- *How did that leave you feeling?*

Using acceptance, empathy, concern, understanding to allow the patient to feel you are interested in their feelings:

- *I can see that must have been hard on you.*

Early use of feelings questions to establish your interest in the subject

Asking for particular examples:

- *Can you remember a time when you felt like that? What actually happened?*

Asking permission to enter feelings realm:

- *Could you bear to tell me just how you have been feeling?*

End the discussion of feelings:

- *I think I understand a little of what you have been feeling. Let's look at the practical things we can do together to help.*