

## 1. Using standard greetings

Some standard greetings could be misinterpreted in the context of a consultation.

### *Expressions that are usually appropriate*

<i>Hello, please come in.</i>	This is a common expression that is appropriate in most circumstances.
<i>Please, take a seat.</i>	This is a common expression that is appropriate in most circumstances.
<i>Have a seat over here.</i>	The patient may not know which chair they are supposed to sit in, so by saying <i>Have a seat over here</i> you are helping them in a situation that could be awkward for them. Make sure that your voice sounds friendly, not stern or commanding.

### *Expressions that may not be appropriate*

<i>How are you?</i>	<p>This is a common greeting used in day-to-day situations. The normal response is 'Fine, thank you' – you do not normally respond by telling people exactly how you feel.</p> <p>In this situation, therefore, the patient may find this greeting confusing: are you really asking how they feel? Alternatively, they might start to talk about their problem straightaway, when neither of you is ready for that yet.</p>
<i>Would you like to have a seat?</i>	<i>Would you like</i> is a polite form of words. However, if you say this with rising intonation, it could seem as if you are giving the patient a choice, when really there isn't any. It will be awkward if they choose not to sit down. If you use falling intonation, however, this source of possible confusion would be avoided.

### *Expressions that are usually not appropriate*

<i>How do you do?</i>	This greeting is rather formal and is more common in business situations. It may be acceptable to say this when you meet the patient for the first time, but not subsequently. Because it is formal and a little old-fashioned it could make the patient, particularly a younger one, feel ill at ease.
<i>Hi there.</i>	This is a very informal greeting used between friends and family. This greeting is too informal to use with a patient at a consultation as the patient may feel that the doctor is being unprofessional.
<i>Good to see you.</i>	This greeting is too informal to use with a patient at a consultation as the patient may feel that the doctor is being unprofessional. And the patient may not feel good about seeing the doctor at all!
<i>Sit down.</i>	This may be spoken by a teacher to a pupil, but is not appropriate when addressing a patient. If your voice is a bit harsh or loud, it would sound like a command.
<i>Could you possibly sit over here?</i>	The phrase, <i>Could you possibly</i> is used to ask somebody to do you a favour. This phrase could be used to reposition somebody already sitting down, but is not appropriate when asking someone to sit down at the beginning of your consultation.

## 2. Stress and intonation

Use stress and intonation correctly to check the patient's identity.

*Is it Mrs **Ball**?*      You need to check that she is Mrs Ball and not someone else.

*Is it **Mrs** Ball?*      You need to check that she's Mrs and not Miss or Ms Ball.

*It's Mrs **Ball**, isn't it? (rising intonation)*      You are not sure she is Mrs Ball and need to check.

*It's Mrs **Ball**, isn't it? (falling intonation)*      You think she is Mrs Ball but just want to confirm it.

You may need to explain your role to the patient, for example if they were expecting to see someone else.

Giving an explanation will make the patient feel included and may put them at ease if they are anxious about seeing someone different.

### ***Expressions with 'if'***

*... if that's all right*  
*... if that's OK*  
*... if you don't mind*

Adding these expressions shows that you are willing to negotiate, or include the patient in the discussion. Of course, you don't expect them to disagree or object, but it helps them to feel a part of the process.

### ***Future forms***

future continuous: will + be + v-ing

*I'll be seeing you today ...*  
*He'll be joining us later ...*

*Will that be all right?*

These future forms are less direct and so more polite.

### ***Offering explanations***

*I'm a neurology specialist here at the hospital.*  
*I'm covering for her today.*

### ***Other useful expressions***

*Is that all right?*  
*I hope that's all right.*  
*I'll be seeing you instead.*  
*I think you were expecting to see Dr Singh, but ...*

Module 1, Section 2.1: Greetings and introductions

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**Role play instructions for doctors**

Use the information below when you take part in the role play.

*You do not need to role play the whole consultation, only the part where you greet the patient and introduce yourself.*

**Role play 1**

The patient, Jennifer Freeman, is a woman in her early 20s. You have not met her before. Her regular doctor, Dr Slater, will be joining the consultation later.

**Checklist**

*Did you remember to do the following?*

- *Welcome the patient and show her to a seat*
  - *Check her identity*
  - *Check if she is Mrs, Miss or Ms*
  - *Introduce yourself*
  - *Explain why you are seeing her instead of Dr Slater*
  - *Ask her what she would like you to call her*
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**Role play 2**

The patient is a woman in her 50s. She has been referred to you by her GP. The name on your appointment list is Christine Bishop.

**Checklist**

*Did you remember to do the following?*

- *Welcome the patient and show her to a seat*
  - *Check her identity*
  - *Check if she is Mrs, Miss or Ms*
  - *Introduce yourself*
  - *Ask her what she would like you to call her*
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**Role play 3**

The patient is a man in his 30s. You think his name is David Andrews. You know that he usually sees Dr Cheung, but Dr Cheung is unavailable today so you are filling in.

**Checklist**

*Did you remember to do the following?*

- *Welcome the patient and show him to a seat*
- *Check his identity*
- *Introduce yourself*
- *Ask him what he would like you to call him*
- *Explain why you are seeing him instead of Dr Cheung*

Module 1, Section 2.1: Greetings and introductions

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**Role play instructions for 'patients'**

Use the information below when you take part in the role play. Make up any other details as necessary.

**Role play 1**

You are Jennifer Freeman, a woman in your early 20s. You have not met this doctor before. Your regular doctor is Dr Slater.

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**Role play 2**

You are Caroline Bishop, a woman in your 50s. You are not married and prefer Ms to Miss. You have been referred to this doctor by your GP.

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**Role play 3**

You are David Andrews, a man in your 30s. You usually see Dr Cheung, not this doctor.

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