

There are several factors that will affect how comfortable the patient feels.

<i>Making eye contact</i>	Eye contact shows that you are interested and listening. However, looking fixedly at the patient for a long time could make them feel uncomfortable.
<i>Proximity and seating</i>	Sitting too far away, or on the other side of the desk, could make you seem aloof. Getting too close is also a problem – British people like a generous amount of personal space.
<i>Body language</i>	Smiling when you greet the patient makes them feel welcome. Nodding occasionally when they are talking shows you are interested.
<i>Tone of voice</i>	A low and monotonous tone can sound bored and uninterested.
<i>Providing information</i>	Explaining who you are is important if the patient was expecting to see another doctor.
<i>Showing empathy</i>	Let the patient know that you understand and respect that they have a problem.
<i>Being positive</i>	Give the patient the impression that you are here to help them.

Techniques for indicating that you are listening attentively include:

- facing the patient
- making eye contact
- looking interested and attentive
- using utterances such as 'Hm', 'Uh.huh', 'I see', and so on.
- nodding your head occasionally
- summarising what the patient has told you
- responding to what the patient says
- not interrupting the patient's pauses

Be careful: nodding too vigorously or saying 'Uh-huh' too frequently can be very distracting and will make the patient feel uncomfortable.

Patients may use various words to describe feelings of tiredness or lack of energy. The term they use will give you information about exactly how they have been feeling, so it is important to understand the finer meanings of a range of common terms.

<i>listless (adj.)</i> <i>sluggish (adj.)</i> <i>lethargic (adj.)</i>	These words all suggest an inability to get up and do things . The person feels disinclined to act, and may only be able to do things slowly and without enthusiasm . They may not feel better even after sleeping or resting.
<i>sleepy (adj.)</i> <i>drowsy (adj.)</i>	These words describe a feeling of wanting to fall asleep . The feeling may disappear for a while if the person gets some sleep.
<i>shattered (adj.)</i> <i>exhausted (adj.)</i> <i>done in (adj.)</i> <i>knackered (adj.)</i>	These words describe extreme tiredness . A person may feel this way after doing some kind of activity. After resting, they may recover some of their energy. However, some people use these extreme words when they simply mean ‘tired’. So you may need to ask further questions to check that they really do mean ‘ <i>extremely</i> tired’.
<i>drawn (adj.)</i> <i>haggard (adj.)</i>	A person who looks drawn or haggard is often pale in the face, perhaps with sunken cheeks , and looks older than they are. In addition to being tired, they may also be feeling stressed or anxious.
<i>worn out (adj.)</i>	This phrase has a very general meaning of ‘very tired’ . It can be used to describe various kinds of tiredness so you may need to ask further questions to check what the patient means.

Module 1: Role play

Role play instructions for doctors

*The role play should begin with you meeting the patient, and end once you have set the agenda for the rest of the consultation. **Do not role play the whole consultation.***

The 'Patient' role cards contain information to help your partner talk about a particular set of symptoms. Remember that your partner may have to invent certain information if it is not on the role card.

Role play 1

Mr/Mrs Black. 55 years old. Seeing you for the first time. Has previously seen Dr Saeed but she was not available this time.

Role play 2

Jane/James O'Brien. 24 years old. Third visit. Last visits were about knee trouble – prescribed rest, support bandage and painkillers.

Role play 3

Sally Evans. 40 years old. Seeing you for the first time.

Role play 4

Mr D. Marlborough. Seeing you for the first time.

Module 1: Role play

Role play instructions for 'patients'

During each role play, use the information below to answer the doctor's questions. If the doctor asks you any questions that you cannot answer from the information on this role card, invent the answer yourself.

The role play situation will start when you first meet the doctor. Your partner will tell you when the role play is over.

Role play 1

Charles Black / Caroline Black. You are about 55 years old. In the past you have seen a different doctor, Dr Saeed. You haven't met this particular doctor before.

You have come to the doctor because you have a pain in your back. It's in the lower part of your back; it's not severe, but it does restrict your movement and you are finding it difficult to sleep. A few days ago you did some digging in the garden, but this you often do this and you have never experienced back pain before.

Role play 2

Jane O'Brien / James O'Brien. You are 24 years old. You have seen this doctor twice before regarding a pain in your knees. The last time, you were prescribed rest, a support bandage and painkillers. The pain in your knees has reduced since your last visit, although you still have some discomfort. However, you have **not** come about your knees this time.

Recently, you have been getting severe headaches. You work in an office and use a computer regularly, although not all day. Work is not particularly stressful at the moment, but you have been having some problems with your wife/husband.

Role play 3

Sally Evans. You are 40 years old and a single-mother of two sons, aged 15 and 12. You work part-time in a local shoe shop.

Recently you have been getting abdominal pains. They are in the lower part of your abdomen, and it doesn't seem like a stomach complaint. You don't think it's a bowel problem either as you haven't noticed anything unusual with your bowels.

You secretly fear that it may be ovarian cancer but you worry that you may be over-reacting and you are reluctant to tell your fear to the doctor

Role play 4

David Marlborough. You are 30 years old, married, with a young daughter. You work as an IT manager at a bank. You haven't been to see a doctor for a very long time, and you are feeling quite apprehensive.

For the past four months you have been experiencing periods when you have difficulty breathing, occasionally with palpitations. These episodes vary from a few hours to a couple of days in length. During these episodes, you feel anxious and restless but you don't know why. You haven't been to the doctor before now because a few months ago you had a virus and you assumed that the breathing and other problems were related to that. But the episodes have continued since you got over the virus.

Your work hasn't been affected so far, but you are worried that it might be if the problem continues.