

The question you use to get the patient talking about why they have come to see you could have negative effects that you were not expecting. If you are aware of these potential problems, you can prepare to deal with them.

### *Questions that allow the patient to speak freely*

		Potential problems
<i>What's troubling you today? / What seems to be the problem?</i>	These are commonly used opening questions	As they contain the words 'troubling' and 'problem', these questions could set a negative, worrying tone to the consultation and may worry the patient unnecessarily.
<i>What would you like to discuss with me today? / What have you come to see me about?</i>	These are commonly used opening questions	In a follow-up consultation these questions may make the patient think you do not remember them.
<i>How can I help you? / What can I do for you?</i>	These are commonly used opening questions. They allow the patient to tell you why they are here, and indicate that you are willing to listen to whatever they wish to discuss.	These questions might, however, imply action from the doctor and the patient might think he/she can only mention things the doctor can help with. They might not think the doctor can help with something very non-specific and may leave out something which is important.
<i>Well now? (with e.g. a smile and a raised eyebrow.)</i>	This is a very open question and allows the patient to speak freely.	The patient may find it too open and may be unsure of which direction to take in their answer. More specific questioning may be necessary if the patient does not respond.

### *Referring to specific problems*

		Potential problems
<i>Your GP says you have a problem with your back. Have you been getting pins and needles in your foot?</i>	This question shows the patient that you are aware of why they have been referred to you.	It is a closed question and does not allow the patient freedom to tell their story. You might not hear their real reasons for coming to see you.
<i>Your GP says you have a problem with your back. Would you tell me about it?</i>	This question shows the patient that you are aware of why they have been referred to you, but at the same time allows them to talk openly about their back problem.	It might make it difficult for the patient to talk about any other symptoms they wish to discuss.
<i>Am I correct in thinking you have come to talk to me about your back, or is there something else you would like to discuss today?</i>	In a follow-up consultation this question shows the patient that you remember them, but also allows them to discuss an alternative reason for their visit.	
<i>How's your back?</i>		This question assumes that the patient wishes to discuss an <i>existing</i> problem. Back pain might not be the reason for coming to visit <i>this</i> time.

There are various ways of summarising what patients have told you. There are several fixed expressions and grammatical structures that are commonly used.

### ***Present perfect continuous***

So **you've been feeling** faint and also a bit tired.

It is more natural to use the present perfect continuous tense with the verb *feel* in this situation, although both answers are grammatically correct.

It would also be natural to use this tense with verbs like *get* and *suffer*. So **you've been getting** bad pains in your stomach ...; **You've been suffering** from itchy skin ...

### ***Present continuous***

You've been getting stiffness in your shoulder for several weeks and **you're wondering** whether it's related to your tennis playing.

The present continuous tense gives a sense of immediacy and sounds more empathetic.

### ***Modal verbs***

And because of the breathing difficulties, you're worried that you **might have** cancer.

*You might have* sounds less direct than 'You have' and so more empathetic and considerate of the patient's feelings.

### ***Fixed expressions***

So **what you're saying** is that you think the problem is caused by stress at work.  
**Am I right in thinking** that you've never had anything like this before?  
So, **as I understand it**, this has been going on for several weeks. Is that right?  
So, if I've understood you correctly, ...

Setting an agenda for the rest of the consultation helps the patient to understand what is going on and what to expect. By using inclusive language, you can help the patient to feel part of the process.

### ***Expressions with ‘if’***

... *if that's all right*  
... *if that's okay*  
... *if you don't mind*  
... *if it's okay/all right with you*

These expressions show that you are negotiating with the patient. Of course, you don't expect them to disagree or object, but it helps them to feel a part of the process.

### ***Sequencing language***

... *and **finally** you can tell me about the pins and needles.*  
*Shall we talk about the arthritis **first**?*  
*Let's talk about the headaches **first, then move on to** the insomnia.*  
*Shall we **start with** the stomach pains?*

Using sequencing words (*first, next, then, before, after, afterwards, finally*) and expressions lets the patient know the proposed structure for the consultation.

### ***Language for making suggestions***

*And finally **you can tell me about/we can talk about** the pins and needles.*  
***Shall we talk about** the arthritis first?*  
***Let's talk about** the headaches first.*  
***How about starting** with the stomach pains ...*

Framing your proposed agenda as suggestions will make the patient feel included in the process.

### ***Polite expressions***

***I'd also like to** take your blood pressure.*  
***I'd rather/I'd prefer to** start with the dizzy spells.*  
***I wouldn't mind looking** at your neck, too.*

These forms of words are less direct than expressions such as 'I'm going to ...' and so sound more polite and inclusive.

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

***Given that we only have** ten minutes today ...*  
***That's quite a lot for us to get through in the time available,** so ...*  
***I know that you're concerned about anaemia, but ...***  
***How does that sound?***  
***Does that sound all right?***

## Role play instructions for doctors

Use the information below when you take part in the role play. Imagine you have already greeted the patient and checked his or her identity.

*You do not need to role play the whole consultation. Stop after you have negotiated the agenda.*

### Role play 1

Respond appropriately to the patient, a man/woman of about 40.

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### Role play 2

Respond appropriately to the patient, who is an elderly man. You have a great many patients to see today, so cannot spend long on each consultation.

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### Role play 3

Respond appropriately to the patient, who is a teenage girl.

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### Role play 4

Respond appropriately to the patient. Your concerns are not the same as the patient's.

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### Checklist

*Did you remember to...*

1. ...ask an appropriate opening question?
2. ...ask further questions to ascertain additional symptoms?
3. ...summarise what you have found out from the patient?
4. ...check with the patient that your summary is correct?
5. ...set an appropriate agenda for the remainder of the consultation?

## **Role play instructions for 'patients'**

Use the information below when you take part in the role play. Make up any other details as necessary. Imagine the doctor has already greeted you and checked your identity.

### **Role play 1**

You are a man/woman of about 40. Tell the doctor that you are having problems with your eyesight, particularly blurred vision. When asked for further information, mention that you are worried about going blind.

When the doctor questions you further, mention dizziness and headaches.

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### **Role play 2**

You are an elderly man. Tell the doctor that you've been feeling breathless. When asked for further information, add that you are concerned you may have lung cancer.

When the doctor questions you further, mention that you have some arthritis in your feet, tiredness and an aching hip.

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### **Role play 3**

You are a teenage girl. Tell the doctor you've been vomiting.

When the doctor questions you further, mention tiredness.

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### **Role play 4**

Tell the doctor you have been feeling irritable and low for no apparent reason.

When the doctor questions you further, mention occasional breathlessness, which you are not too concerned about because you're quite unfit and you think a bit of breathlessness is normal.

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