

***Communication Skills in Medical Practice
A Video Companion for Health Professionals***

Edited by Bassem Saab, MD

“This is an excellent example of a culturally adjusted training tool for communication skills for medical students and practitioners.”

***- Ahmed Mohit, MD
Regional Advisor, Mental Health
World Health Organization, Eastern Mediterranean Region***

*To the late Dr. Najib Abou Haidar, who had a great influence in
guiding me to the academic arena and making this video possible.*
-Bassem Saab, MD

Foreword

Although the medical interview is the most common activity in the medical profession, curricula time allocated for communication skills in medical schools is less than 2%. Other data reveal that doctors give patients an average of 18 seconds to talk before interrupting. Proper teaching of communication skills has several advantages. A good doctor-patient relationship results in a better ability to reach a diagnosis, it improves patients' compliance and outcome, and it reduces both medico-legal problems and unnecessary expenses.

This tape includes twelve clips that cover the basic skills needed in the medical interview. The material recorded is based on actual interviews. The first segment in each clip should be used as a trigger for discussion as it contains one or more interviewing problems. The second segment includes suggestions on how to improve the interview. To reinforce the teaching messages, the same scenario is shown with the suggested improvements.

We suggest that the viewers stop the video after seeing the first segment, comment on what they have seen, and then role-play the same scenario with their suggestions. At the end of each clip, the audience is expected to write and role-play a different scenario using the skill(s) discussed in the clip.

Although each clip was created to focus on one or two concepts, teachers and students may be prompted to discuss several issues. We highly encourage this. In our experience, each clip raised more than 15 minutes of discussion in groups of five to seven individuals.

It is important to note that there may be more than one way to improve the scenarios recorded at the beginning of each clip. This is the reason we use the subtitle *Suggestions for a Better Interview*; our suggestions are not the only way that is correct to improve the scenarios.

We hope that this video will improve the quality of teaching and increase the emphasis on this important skill.

Bassem Saab, MD
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Learning Objectives

After viewing this program, students will:

- Know how to put the caretaker and/or patient at ease
- List the verbal and nonverbal skills used in listening
- Describe the different types of questions used in an interview
- State the principles of confronting the caretaker
- Recognize the value of negotiation
- Name the requirements for a proper closure of the interview

Use of the Video Critique

A complete interview (video critique) is included at the beginning of the tape. A *Pre and Post Video Critique Form*, which includes a written transcript of the video, is included in this manual. On the form, there is room for students to add their comments while viewing the video. This allows teachers to assess the level of their students' communication skills prior to presenting the material. The video critique is repeated at the end of the program, and again, students should follow along with the transcripts and add comments reflecting on the communication skills they have just observed. Comparing student responses before and after the program allow teachers to see if their students have understood the information presented. Each exercise lasts approximately 16 minutes.

Teachers should photocopy the *Pre and Post Intervention Critique Form* and distribute two copies to each student before watching the video. It is advised that teachers stop the video for two to four minutes as indicated on the form. During this period, students should write their comments in the space provided.

A *Video Critique Answer Key* along with a *Grading Guide for Responses to the Video Critique* is provided at the end of this manual. Correct responses are shown on the *Video Critique Answer Key* between the brackets { }. Students are expected to have the answers shown in the left column of the *Grading Guide for Responses to the Video Critique*. Each correct answer should be given one mark. If a student has additional correct responses, we suggest that you give him/her a bonus of one mark per answer. To obtain a percentage grade, teachers can use the following formula: $\text{Score} = \text{Total marks} \times 100/33$.

Pre and Post Video Critique Form

Please follow along with the video and comment on the doctor's statements in the space provided.

Example:

(Comments are shown between {}.)

Patient: This burning is becoming worse than before. *(pointing to the sub-sternal and stomach area)*. It is really bad. I feel I am really desperate and do not know what to do. *(Speaking rapidly, anxious body language)*

Doctor: Last time I gave you a medication. Are you taking it as prescribed?

{Closed question}

Patient: Yes, I'm taking the Maalox but yet I am not able to sleep and feel nervous.

Doctor: So in addition to the abdominal discomfort you have a sleep problem and you are nervous.

{Clarification}

Patient: That is right.

Doctor: What do you mean when you say nervous?

{Clarification through a directive open-ended "Wh" question}

Patient: Just nervous.

Doctor: Do you mean easily irritable, or do you feel worried, or have tremors, or other things?

{Clarification through a menu/laundry list}

Video Critique Transcript:

Doctor: Hello. *(Stands and shake hands with the man and puts hand to chest when he greets the veiled woman)* Please sit down. I hope you did not have a problem finding the clinic?

Mother: Not at all.

Doctor: What is your relationship to one another?

Mother: I am his mother.

Doctor: How can I help you?

Mother: He has a low white blood cell count. *(gives the Doctor the result)* I am worried about that and want to know if he needs other tests.

Doctor: *(looking at the result)* Uh-huh.

Write your comments on the spaces above. You have two minutes.

Mother: He also smokes heavily. Although my brother had lung cancer, he and his father still smoke. *(deep sigh)* They are driving me crazy!

Doctor: Madam, you are so worried. Relax.

Son: She is always like that. *(Smiles)*

Mother: I have a brother who is dying from lung cancer, my husband and only child may have the same fate and you blame me for not being cool. *(Puffs)*

Doctor: Anyone is prone to cancer. (*Looking at the son*) Tell me, how do you feel?

Son: I am great, except for that slight feeling of fatigue when I climb stairs.

Doctor: Fatigue?

Son: Yes, when I climb two floors I feel short of breath.

Doctor: Only when you climb the stairs?

Son: It happens even when I run for few minutes.

Doctor: Do you notice if this happens to friends climbing the stairs or running with you?

Son: No.

Doctor: Do you have any idea why you get this shortness of breath?

Write your comments on the spaces above. You have four minutes.

Son: No.

Dr: How many cigarettes do you smoke each day and for how many years?

Son: One and a half packs.

Doctor: For how many years have you been smoking?

Son: Ah, (*thinking*) for 7 years.

Doctor: Do you know the effect of smoking on health?

Son: Yes, yes, it may lead to heart attack and lung cancer.

Doctor: You know that and you are still smoking?

Son: You know it is not easy to quit.

Doctor: It seems you do not have a strong will. Do you cough?

Son: Yes.

Doctor: Let me summarize the issues raised. Your mother is worried about your smoking habit and the leukopenia. The shortness of breath when climbing two floors bothers you a little. Would you like to add anything?

[*Son and mother smile*]

Son: No that is all.

Doctor: Well, now I would like to examine you. I will measure your height, weight, and blood pressure, look in your mouth, and listen to the heart and lungs. Please go there, (*shows him the place*) remove your shirt and hang it on the hanger. I will be with you in a moment.

Write your comments on the spaces above. You have four minutes.

AFTER THE EXAMINATION

Doctor: Put on your shirt and let me tell you what your problems are. *(After son sits down)* Your exam is normal. The cough is most probably a result of smoking. Stopping this habit at this point will improve your ability to exercise. This may take time. Are you going to try?

Son: Yes, I'll give it a try.

Doctor: Good. Here is a request to do a CBC. You do not need to fast to do that. I'd like to see you in one week to check the results and on your smoking habit.

Mother and Son: Thanks see you after a week. *(the doctor stands up)*

Write your comments on the spaces above. You have two minutes.

Scenario I: Preparing the Stage

Initial Interview

Patient: Good morning, Doctor.

Doctor: Good morning. What is your problem today?

Patient: Last time you found that I have high blood pressure; you asked me to come back and check on that again.

Doctor: (*looking in the file for 10 seconds*) Yes, yes, that is right. Please, come let us check it.

Suggestions for a Better Interview

Before starting your clinic:

- Organize the set-up (table, chairs, examining table)
- Make sure you have all that you need
- Give needed instructions to your secretary
- Review the respective chart

Better Interview

[The doctor is organizing his table, looks at the appointment sheet, mutters the name of the first patient and picks up her chart. He then calls the secretary to tell her that if Mrs. Mattar comes, she should give her the envelop on her desk. The physician looks at the chart of the first caretaker before he asks the secretary to show her in.]

Doctor: Good morning. (*Stands up and shakes hands*) We agreed last time that you would drop by to check on your blood pressure. Is this right?

Patient: That is right, Doctor.

Doctor: Is there anything you would like to talk about before we do that?

Patient: No, no.

Doctor: So, let's take your blood pressure.

Points to Remember: Preparing the Stage

Prior to patient entry:

- Organize clinic
- Coordinate with secretary
- Review chart

Scenario II: The Opening

Initial Interview

[Patient walks in, doctor is seated]

Doctor: Hello Rola. Sit down. What is the problem today?

Patient: I am coming to show you a lesion over my abdomen that I noticed yesterday.

Doctor: That is OK, OK.

Suggestions for a Better Interview

The purpose of the opening is to put the patient at ease. By doing so you are more likely to improve rapport, get a better history, reach a correct diagnosis, and ensure patient compliance. The components of the opening are:

- Greeting the patient
- Showing the patient where to sit
- Using positive voice pitch, volume, and expression (smile)
- When culturally appropriate, shaking hands
- Engaging in informal brief conversation

It is advisable to have a conversational seating arrangement rather than a confrontational seating arrangement. If for any reason this is not possible, it is important that the chairs be organized in a way that allows the eyes of the patient or caretaker to have a neutral position, so they do not have to meet with that of the physician.

Seating arrangements:

(pictures must be inserted here)

Confrontational Arrangement	Conversational Arrangement	Conversational Arrangement	Co-operational Arrangement
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Better Interview

Doctor: *(stands up, smiles, and shakes hands)* Good afternoon, Rola. Please sit down. I've noticed that your birthday is coming soon. I hope that you are looking forward to this event. {Informal conversation}

Patient: It is so kind of you to note that.

Doctor: Tell me Rola, how can I help you?

Patient: I have noticed something over my abdomen; I want you to see it.

Doctor: OK, let's look at it.

Points to Remember: The Opening

- Stand up
- Smile
- Greet
- Engage in brief informal chat

Scenario III: Asking

Initial Interview

Doctor: What is the problem, Madam?

Patient: I am having chest pain.

Doctor: For how long?

Patient: For two weeks.

Doctor: Does it radiate to the shoulder?

Patient: No. I think this is due to my nerves.

Doctor: We will come to this later. Tell me does the pain radiate to your back or neck?

Suggestions for a Better Interview

Questioning patients is an art. To get good and reliable information from the patient you should:

- Start with open-ended questions
- Not begin by asking, "what is the problem?" This implies that a problem exists and it may not be the case. (This is especially true in primary care clinics where caretakers may be present for health promotion and maintenance.)
- Ask one question at a time to obtain clear and precise answers
- Avoid using leading questions or questions with suggested answers
- Avoid using judgmental questions as this might embarrass your patient
- Rely on directive open-ended "Wh" questions (who, what, where, when and why) and if needed, a list of suggestions (laundry list/menu)
- Keep closed questions until the end.

Better Interview

Doctor: Tell me, Madam, how can I help you?

Patient: I have chest pain.

Doctor: Tell me more about your chest pain. {Open-ended question}

Patient: It has been occurring on a daily basis for the last two weeks. It is getting worse lately, but never mind, it could be just my nerves.

Doctor: Your nerves? What do you mean by that? {Directive, open-ended "Wh" question} Can you tell me more?

Patient: Lately I have been very nervous and tense due to the fact that I am under a lot of pressure at my work.

Doctor: Does the pain radiate to any place? {Directive, open-ended “Wh” question}

Patient: What do you mean?

Doctor: Does it spread to your shoulder, neck, or jaw? {Laundry list/menu}

Patient: No, no.

Doctor: Are you sleeping well lately? {Closed question}

Patient: Yes.

Doctor: What about your eating?

Patient: I am eating well.

Points to Remember: Asking

- Start with open-ended questions
- Avoid leading questions
- Avoid judgmental questions

Scenario IV- Clarification

Initial Interview

Patient: This burning is becoming worse than before. (*Pointing to the sub-sternal and stomach area*) It is really bad. I am really desperate and do not know what to do. (*Speaking rapidly, anxious body language*)

Doctor: Last time I gave you medication. Are you taking it as prescribed?

Patient: Yes, I’m taking the Maalox but yet I am not able to sleep and feel nervous.

Doctor: What is it that is bothering you, the inability to sleep, the abdominal pain, or the nervousness?

Patient: All of them.

Doctor: By nervousness, do you mean that you are easily irritable?

Patient: Yes.

Suggestions for a Better Interview

Clarification allows the physician to decrease ambiguities. This technique is used when the patient gives obscure and unclear information, or when the phrase or word used carries several connotations. It is important not to be directive. When it is difficult for the patient to be specific, suggest several alternatives; this is known as a menu or laundry list.

Better Interview

Patient: This burning is becoming worse than before. (*Pointing to the sub-sternal and stomach area*) It is really bad. I feel I am really desperate and do not know what to do. (*Speaking rapidly, anxious body language*)

Doctor: Last time I gave you a medication. Are you taking it as prescribed?

Patient: Yes, I’m taking the Maalox but yet I am not able to sleep and feel nervous.

Doctor: So, in addition to the abdominal discomfort you have a sleep problem and you are nervous.

{Clarification}

Patient: That is right.

Doctor: What do you mean when you say nervous? {Clarification}

Patient: Just nervous.

Doctor: Do you mean easily irritable, or do you feel worried, or have tremors, or other things?

{Clarification through a menu/laundry list}

Points to Remember: Clarification

- Decrease ambiguity
- Use menu

Scenario V: Facilitation

Initial Interview

[The doctor is leaving to attend an important meeting. A walk-in patient arrives.]

Doctor: What is the problem, Madame?

Patient: I have had severe stomach pain for two weeks. It is bothering me a lot. *(Grip over stomach with a frown)*

Doctor: If it is that painful and has lasted for two weeks, why didn't you come earlier?

Suggestions for a Better Interview

To encourage the patient to talk, you need to legitimize his or her feelings. Avoid using a doubting attitude or asking questions that imply the patient did something wrong. In addition, facilitation can be ensured by saying "and then?" or by repeating a portion of the patient's last statement. Nonverbal encouragement may be less distracting and may also be facilitative. Examples of nonverbal facilitation include nodding the head and mirroring the patient.

Points to Remember: Facilitation

- Use open-ended questions
- Say, "and then?"
- Repeat patient's statement
- Legitimize complaint (s)
- Give nonverbal encouragement

Better Interview

Doctor: What is the problem, Madame?

Patient: I have had severe stomach pain for two weeks; it is bothering me a lot. *(Grip over stomach with a frown)*

Doctor: Sure, stomach pain can be severe. {Legitimize complaint} Tell me more about this problem.

Patient: The pain is catchy in nature *(grip over stomach with a frown)*

Doctor: Catchy here. *(Grip over stomach with a frown)* {Mirroring}

Scenario VI: Reflection

Initial Interview

Patient: I have not been able to sleep for a while.

Doctor: Since when?

Patient: For around two weeks.

Doctor: Do you have any problems in your life?

Patient: *(looking at the ground, clenches fist, lowering her voice, and says in a faster way)* No, no. *(sighs then smiles with sad eyes)*

Doctor: It does not matter. I will give you a pill for this problem.

Suggestions for a Better Interview

Some patients try to avoid sensitive questions. If the questions are important for the diagnosis, the physician should not immediately quit. One way of getting more information is by using reflecting statements. Reflection of the patient's language is helpful when the patient changes his/her verbal and nonverbal behavior, i.e.: pauses, sighs, cries, changes speech rhythm or volume, or clenches fist. Such statements help the patient gain a better understanding of his/her behavior and how feelings affect his/her actions. Reflection also helps the patient know that the physician is willing to hear more about what is of concern. Observe how the physician reflects the patient's behavior and the active listening posture that he assumed.

Better Interview

Doctor: What is the problem, Madame?

Patient: I have not been able to sleep for a while.

Doctor: Since when?

Patient: For around two weeks.

Doctor: Do you have any problem in your life?

Patient: (*looking at the ground, clenches fist, lowering her voice, and says in a faster rhythm*) No, no. (*sighs then smiles with sad eyes*) {Note pause and change in speech rate. This is an example of paralanguage.}

Doctor: (*looking at the patient with empathetic facial expression, leaning forward*) It seems to me that you were not comfortable with this question. That is OK. In order to help you I need to ask some personal questions. Do you think we can cooperate?

Points to Remember: Reflection

- Observe verbal and nonverbal cues
- Reflect with empathy
- Pause and actively listen

Scenario VII: Confrontation

Initial Interview

Doctor: How is your blood sugar profile?

Patient: It ranges between 129 and 185.

Doctor: So, you are not following a diet? {Judgmental question}

Patient: Yes, I am following the diet, and it is easy.

Doctor: Stand on the scale and we will see. (*They move to the scale*) Huh, you have added another two kilograms and you claim to be dieting? (*Quick and mocking tone while patient is on the scale and physician is standing next to patient*)

Patient: (*in a defensive tone moves head as if not believing*) I swear, I swear, I have reduced my food intake.

Suggestions for a Better Interview

Confrontation can be very helpful in clinical practice. It is used to clarify information gathered from the patient. It is important to make this constructive and to not antagonize the patient. This is possible by stating the contradiction in the messages, and asking for an explanation to resolve ambiguities. Avoid making the patient feel embarrassed and defensive, instead try to get them to acknowledge their inconsistency and be prepared to do something constructive about it.

Better Interview

Doctor: How is your blood sugar profile?

Patient: It ranges between 129 and 185.

Doctor: How is your dieting coming along?

Patient: Very good, Doctor. I have reduced my food intake a lot. It was easier than I thought it would be.

Doctor: (*nods and smiles*) Good, let me check your weight. (*doctor checks the weight, asks the patient to step down and get seated. When both are seated*) I see you have gained two kilograms since last visit. {Stating the facts} What does this mean to you?

Points to Remember: Confrontation

- State the facts
- Empathize
- Encourage the patient to explain
- Make realistic goals

Scenario VIII: Summarizing

Initial Interview

Doctor: I would like to know what makes your headache better or worse.

Patient: What?

Doctor: Does it decrease with Paracetamol/acetaminophen?

Patient: I did not try this.

Doctor: What about light and sound?

Patient: (*thinking and takes a few seconds to answer*) What do you mean by that?

Doctor: Do loud sounds or bright lights increase the problem?

Patient: No, (*slowly*) but I've noticed that when I take a hot shower it is better.

Doctor: I think I have a good idea about the problem, let me examine you now. (*Stands up*)

Suggestions for a Better Interview

Summarization is used: (i) at the beginning of the interview to review what was achieved in a previous session, (ii) after the patient states all issues related to the problem, (iii) to focus on one issue when the patient wanders among several problems, (iv) in transitions from one part of the interview to another, and (v) at the end of the consultation when the doctor can ask the client to summarize the action plan. This is an important counseling skill; it gives the interviewer and the client a chance to correct any misunderstanding, lets the client know that you were listening, and allows the physician to check for the patient's understanding.

Better Interview

Doctor: I would like to explore what makes your headache better or worse.

Patient: (*thinking*) What?

Doctor: Does it decrease with Panadol (paracetamol/acetaminophen)?

Patient: I did not try this.

Doctor: What about light and sound?

Patient: (*thinking and takes a few seconds to answer*) What do you mean by that?

Doctor: Do loud sounds or bright lights increase the problem?

Patient: No, (*slowly*) but I've noticed that when I take a hot shower it is better.

Doctor: Uh-huh, anything else?

Patient: No.

Doctor: OK. Before examining you, let me review the main points you have raised. You have been having a tension-like headache for a week mainly in the afternoons. The pain is better after a warm shower.

{Summarization} Would you like to add any thing?

Points to Remember: Summarization

- Minimizes discrepancies
- Assures attention
- Helps to focus
- Improves compliance

Scenario IX: Preparing the Patient for Physical Exam

Initial Interview

Doctor: I think I have a clear picture of your abdominal pain. I don't have any more questions to ask. Why don't we move to the physical exam now?

Patient: OK, Doctor.

Doctor: Please, go to the examining area. (*Patient stands up and looks around*) Prepare yourself and I'll be with you in a minute.

Suggestions for a Better Interview

Before starting the physical exam it is important to explain to the patient of what the exam consists and how it is going to be performed. This is particularly true in primary care where the physician needs to get information pertaining to the whole body and not one system, especially if it is the first visit. After explaining what will happen in the exam, show the patient the examining room if its location is not obvious. Instruct where to hang/place clothes. Let the patient undress in privacy and provide a cover. When examining the genitals get the approval of the patient and have a chaperone present.

Better Interview

Doctor: I think I have a clear picture of your abdominal pain. If you do not have anything to add, I would like to examine you now. I will be palpating your tummy and listening to hear any abnormal sound patterns. Since you had never had a breast exam, I suggest that I examine your breasts. {Explaining the exam} A nurse will be with us during the exam. {Arranging a chaperone} Do you have any questions?

Patient: Does the breast exam hurt?

Doctor: No.

Patient: OK.

Doctor: Please go into this room; take off your shirt. You can hang your cloths on the hanger behind the door and cover yourself with the sheet on the examining table. Once you are ready, call me.

Points to Remember: The Physical Exam

- Explain what and how
- Get approval
- Provide cover
- Have a chaperon if needed

Scenario X- Congruence

Initial Interview

Doctor: Take this medication twice a day and let me see you in two weeks. (*Doctor closes file and puts the pen aside*) Do you have anything to add?

Patient: Are there any side effects for this drug?

Doctor: (*stands up*) No, not really.

Suggestions for a Better Interview

During the interview it is important that the physician be genuine. Avoid giving contradictory messages by making sure that your body, verbal language, and paralanguage (speed, tone, pitch, rate, volume, pauses) are in accordance with what you say. Do not underestimate your patients' ability to perceive whether or not you mean what you say.

Better Interview

Doctor: Take this medication twice a day and let me see you in two weeks. (*leans forward, maintains eye contact*) Do you have anything to add?

Patient: Any side effects for this drug?

Doctor: In rare cases it causes a headache; (*Pause*) anything else?

Patient: No, thanks.

Doctor: (*closes chart*) I will see you after two weeks. (*Stands up and shakes hands*) {Consistent verbal and non-verbal language}

Points to Remember: Congruence

- Consistent verbal and body language
- Consistent verbal and paralanguage

Scenario XI: Negotiation

Initial Interview

Doctor: Your physical exam is normal. You have a tension headache. I am going to give you a medicine for that. (*Reaches for a prescription pad*)

Patient: I am worried about having a serious condition. I want to do a computer scan. (*shows signs of disagreement- nodding head horizontally. Doctor withdraws*)

Doctor: If you insist, we can do that. (*Reaches for a radiology request*)

Suggestions for a Better Interview

Negotiation helps in recognizing the obstacles the patient perceives for the implementation of the plan and provides solutions for them. Prerequisites for a successful negotiation are: (i) exploring, (ii) acknowledging, and (iii) addressing the patient's beliefs and expectations. This is done in a respectful atmosphere. Failing to negotiate and reach a common understanding of the problem and its management results in unnecessary workup and poor compliance.

Suggestions for a Better Interview

Doctor: Do you have any idea about the cause of your headache? {Assessing knowledge and beliefs}

Patient: I am worried about having a serious condition. (*Deep sigh*)

Doctor: (*nodding head, leans forward, and keeps eye contact*) You have the right to worry. What exactly are you afraid of? {Legitimizing concern and exploring}

Patient: My father had a headache an hour before his death.

Doctor: So, you are worried about having an intra-cranial hemorrhage.

Patient: Right. (*Nods head closes eyes and looks relieved - smiles*)

Doctor: Your headache has been there for a while. It is not continuous. Do you think that this is similar to the headache that your late father had? {Addressing beliefs}

Patient: No, I do not think so.

Doctor: Let me tell you what I will do. I would like to give you a medication that relaxes the muscles. If the pain does not get better in one week, we will consider doing an MRI. What do you say? {Give and take}

Patient: This is fine with me. (*Smiles, tilts her head*) {Agreement on plan}

Points to Remember: Negotiation

Respectfully:

- Explore beliefs and expectations
- Acknowledge beliefs and expectations
- Address beliefs and expectations

Scenario XII: The closing

Initial Interview

Patient: So, what do you think doctor? (*fixing clothes while standing*)

Doctor: (*seated*) I think I know what you have. (*reaches for a prescription pad*) With this medicine you will be fine.

Suggestions for a Better Interview

Proper closure of the visit has a bearing on the patient's satisfaction with the consultation, and it results in better compliance. After the patient is seated:

- Summarize your findings in lay terms using verbal and graphic illustrations when possible
- Explain to the patient his/her disease and the rationale behind your treatment
- Talk about the most important points first
- Avoid too much information
- Use explicit categorization
- Invite the patient to clarify information and raise any question (i.e.: "Anything else?")
- Give the patient written instructions rather than verbal
- Ask the patient to recall the essential points
- Give the patient follow-up
- Instruct the patient on how to contact you when needed
- Show concern such as shaking hands or touching when culturally appropriate

Better interview

Patient: So, what do you think, doctor? (*Fixing clothes while standing*)

Doctor: Finish, and have a seat please. (*After sitting*) Let me tell you what is wrong with you and the treatment that I suggest. Your headache is throbbing, you are disturbed by light and noise, and your mom and sister have similar headaches. All of these are suggestive of what is known as a migraine headache. Because you have frequent

attacks, I suggest you take a medicine called propranolol. This medication decreases the frequency of the attacks and analgesics needed in around 60% of the cases. {Explaining diagnosis and treatment} How does that sound to you?

Patient: Fine.

Doctor: Do you have any questions? {Encouraging clarification}

Patient: No.

Doctor: I will write down the medication for you with explicit instructions on how to take it. Please read it carefully and feel free to ask me any question.

Patient: *(the patient reads the prescription)* All clear, Doctor.

Doctor: Your follow-up will be in one month. Meanwhile, you can call me if anything comes up and cannot wait. Here are my contact numbers. *(Hands her a card)* {Instructions and follow-up}

Patient: Thank you, Doctor. *(Smiles)*

Doctor: *(the doctor stands up and shakes hand)* See you in one month.

Points to Remember: The Closing

When seated:

- Explain in clear language
- Encourage clarification
- Check for understanding

Video Critique Answer Key

Doctor: Hello. (*stands and shake hands with the man and puts hand to chest when he greets the veiled woman.*) Please sit down. I hope you did not have a problem in finding the clinic?

{Stands, Smiles, Greet, Shook hands with patient, Greeted mother in culturally accepted manner, Informal chat}

Mother: Not at all.

Doctor: What is your relationship to one another?

{Relationship of patient and caretaker}

Mother: I am his mother.

Doctor: How can I help you?

{Open question}

Mother: He has a low white blood cell count. (*Gives the Doctor the result*). I am worried about that and want to know if he needs other tests.

Doctor: (*looking at the result*) Uh-huh.

{Facilitation}

Mother: He also smokes heavily. Although my brother had lung cancer he and his father still smoke. (*Deep sigh*) They are driving me crazy!

Doctor: Madam, you are so worried. Relax.

{Reflection}

Son: She is always like that. (*Smiles*)

Mother: I have a brother who is dying from lung cancer, my husband and only child may have the same fate and you blame me for not being cool. (*Puffs*)

Doctor: Any one is prone to cancer. (*Looking at the son*) Tell me, how do you feel?

{Not legitimizing/apathetic, Open question}

Son: I am great, except for that slight feeling of fatigue when I climb stairs.

Doctor: Fatigue?

{Directive open-ended "Wh" question}

Son: Yes, if I climb two floors I feel short of breath.

Doctor: Only when you climb the stairs?

{Facilitation}

Son: It even happens when I run for few minutes.

Doctor: Do you notice if this happens to friends climbing the stairs or running with you?

{Closed question}

Son: No.

Doctor: Do you have any idea why do you get this shortness of breath?

{Exploring knowledge through an open "W" question}

Son: No.

Doctor: How many cigarettes do you smoke each day and for how many years?

{Combined two questions at a time}

Son: One and a half packs.

Doctor: For how many years have you been smoking?

{Closed question}

Son: Ah, (*thinking*) for 7 years.

Doctor: Do you know the effect of smoking on health?
{Exploring knowledge through open-ended question}

Son: Yes, yes, it may lead to heart attack and lung cancer.

Doctor: You know that and you are still smoking?
{Accusative tone}

Son: You know it is not easy to quit.

Doctor: It seems you do not have a strong will. Do you cough?
{Judgmental statement, Closed question}

Son: Yes.

Doctor: Let me summarize the issues raised. Your mother is worried about your smoking habit and the leukopenia. The shortness of breath when climbing two floors bothers you a little. Would you like to add anything?

{Medical jargon, Facilitation, Summarizing}

Son: (*son and mother smile*) No that is all.

Doctor: Well, now I would like to examine you. I will measure your height, weight, and blood pressure, look in your mouth, and listen to the heart and lungs. Please go there, (*shows him the place*) remove your shirt and hang it on the hanger. I will be with you in a moment.

{Preparing the patient for the exam}

AFTER THE EXAMINATION

Doctor: Put on your shirt and let me tell you what your problems are. (*After son sits down*) Your exam is normal. The cough is most probably a result of smoking. Stopping this habit at this point will improve your ability to exercise. This may take time. Are you going to try?

{Allowed patient to be seated, Addressing patient's complaints, Realistic expectations}

Son: Yes, I'll give it a try.

Doctor: Good. Here is a request to do a CBC. You do not need to fast to do that. I'd like to see you in one week to check the results and on your smoking habit.

{Medical jargon, Explaining test, Follow-up}

Mother and Son: Thanks see you after a week. (*Doctor stands up*)

{Stood up when leaving}

Objective Response Form to Video Critique

Students are expected to have the responses shown on the left column. Each correct response is given one mark. The answers can be found on the *Video Critique Answer Key*. If a student has additional correct responses, we suggest that you give him/her one bonus mark per answer.

I – The Opening (7 marks total)	
• Stood up	1
• Greeting	1
• Smiled	1
• Shook hands with patient	1
• Greeted veiled woman in culturally accepted manner	1
• Informal Chat	1
• Relation of presenters	1
II – History Taking (19 marks total)	
• Open question	1
• Facilitation	1
• Reflection	1
• Did not legitimize (mothers concern)	1
• Open question	1
• Directive, open-ended question (through “Wh” question)	1
• Open-ended “Wh” question	1
• Closed question	1
• Exploring knowledge	1
• Combined two questions at a time	1
• Closed question	1
• Exploring knowledge	1
• Accusative Tone	1
• Judgmental statement	1
• Closed question	1
• Summarized problems	1
• Medical jargon	1
• Facilitation	1
• Prepared patient for the physical exam	1
III– Exposition (7 marks total)	
• Allowed patient to get seated before explanation	1
• Addressed complaints	1
• Realistic expectations	1
• Medical jargon	1
• Explanation of test (CBC)	1
• Follow-up (gave appointment)	1
• Stood up when said goodbye	1
Bonus	

Total marks possible = 33 plus bonus points

Score = Total mark x 100/33

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Total time: About 36 minutes

Front Cover Text:

Communication Skills in Medical Practice
A Video Companion For Health Professionals
Edited by Bassem Saab, MD

American University of Beirut Medical Center, Department of Family Practice

“This is an excellent example of a culturally adjusted training tool for communication skills for medical students and practitioners”

Ahmed Mohit, MD
Regional Advisor, Mental Health and Substance Abuse
Coordinator, Social Change and Mental Health
World Health Organization, Eastern Mediterranean Region

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“This video is a good introduction to an important topic, which merits extensive coverage in the medical curriculum.”

Moufid Jokhadar, MD, FACC
Secretary General
Arab Board of Medical Specializations

Despite the remarkable advances in technology and diagnostic procedures, the medical interview remains the most valuable component in the clinical evaluation of a patient. In addition to its diagnostic usefulness, the medical interview is the foundation upon which the doctor-patient relationship is built. It is essential that doctors and medical students be well-trained in interviewing skills.

Communication Skills in Medical Practice, A Video Companion for Health Professionals can improve the interviewing behavior of medical students as well as their skills in communication with patients. This video includes twelve clips that cover the basic skills needed in the medical interview. The first segment in each clip contains one or more interviewing problems, the second segment includes suggestions on how to improve the interview. A comprehensive manual with teaching instructions is also included.

Dr. Bassem Saab is Associate Professor in the Department of Family Medicine at the American University of Beirut Medical Center. He has worked extensively in the field of Family Medicine since 1987 after receiving his MD from the American University in Beirut. His current responsibilities include instructing medical students of AUB in communication skills, and coordinating the Residency Program in Family Medicine at AUBMC.

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