

The presenting complaint

Clip 1

Kelly Turner, 23, has been referred by her doctor to the consultant, Mr Spark. She has been suffering from recurring headaches. This is her first visit to Mr Spark.

Global observations

- 1a** Watch Clip 1 without sound and report back on one of the seven elements of non-verbal communication below:
- eye contact
 - facial expression
 - proximity
 - clothing
 - environment
 - movement
 - posture
- 1b** Build up a picture of the patient and her presenting complaint from what you have seen so far.
- 1c** Watch the clip again with sound and decide how accurate your picture of the patient was, as discussed in 1b.
- 1d** Decide to what extent the doctor adheres to the advice given by Osler in Unit 1: *The kindly word, the cheerful greeting, the sympathetic look – these the patient understands.*
- 1e** Write a diary entry for this patient following her visit, describing how she felt during the encounter with this particular doctor.

Clip 2

Ted Margolis, 52, has been suffering from stomach pains and has been referred by his GP to Dr Davis, a consultant at his local hospital. Ted is a taxi driver. This is his first visit to Dr Davis.

Pre-watching

- 2** Clip 2 is a comparative study. What differences to Clip 1 are you hoping to see?

Global observations

- 3a** Watch Clip 2 without sound from the start until the patient sits down (00:00>00:30). What are your initial impressions of the doctor's non-verbal communication skills?

- 3b** Now watch the whole clip with sound and give Dr Davis a rating for any two of the points below, indicating your general impression:

Rating: competent ✓✓✓
 fairly competent ✓✓
 needs more work ✓

	Item	Rating
1	Used a patient-centred approach throughout the consultation	
2	Began with open and moved to closed questions as appropriate	
3	Refrained from employing leading and tag questions	
4	Enquired about specific features of the condition (location, quality, severity, etc.)	
5	Asked about aggravating and alleviating factors	
6	Enquired about associated manifestations	
7	Used clear questions, avoiding complicated medical terminology	
8	Employed appropriate tone of voice	

- 3c** In pairs or small groups, compare your overall impressions.

- 3d** To what extent did you feel Dr Davis' non-verbal communication matched his verbal skills?

Watching for detail

Part 1: from Start to *Can we focus on the trouble you've been having with your stomach?* (00:00>01:35)

- 4a** Watch Part 1 of the clip and take notes on EITHER Mr Margolis (his character, family life, etc.) OR the reason for his visit.
- 4b** Share your findings with the rest of the group and build a more rounded picture of the patient.
- 4c** Answer these questions.
- 1** The patients in Clips 1 and 2 have both been referred by their GPs. How does Dr Davis choose to deal with this situation?
 - 2** What language does the doctor use to set the agenda for the interview?

Part 2: from *Can we focus on the trouble you've been having with your stomach?* to ... *that's enough, innit?* (01:35>03:58)

5a Watch Part 2 of the clip. As you watch, note specific information about the patient's condition under these headings:

Attributes of a Symptom

- Location
- Quantity/Severity
- Setting
- Associated manifestations
- Quality
- Timing
- Aggravating/Alleviating
- "8th Attribute"¹

5b There are some attributes the doctor does not ask about? Why?

5c Complete the questions Dr Davis uses to ask about some of the attributes.

- 1 Can I ask you _____ the pain is when it _____ ?
- 2 Have you noticed that _____ worse?
- 3 Does anything else _____ ?
- 4 Does the pain _____ anywhere, or does it _____ in that, that one _____ ?
- 5 Have you noticed anything else that _____ with the pain?

Part 3: from ... *that's enough, innit?* to End. (03:59>05:50)

6a Watch Part 3 of the clip and then answer these questions.

- 1 What is the doctor doing by posing the following question: *Can I ask you some specific questions about symptoms you might have had?*
- 2 Why does he decide to take this approach with the patient?
- 3 How does the doctor rephrase the question *And can I just ask if your bowels have been OK?* when it's clear the patient hasn't understood? Why is the patient more likely to understand this new question?
- 4 The patient uses the phrase *regular as clockwork*. What does he mean in this context?

6b Look at these questions and decide how you might improve them: *You never vomit anything up? You never vomit up blood or anything like that?*

6c Add information regarding the "8th Attribute" to Exercise 5a.

6d Why do you think the doctor doesn't try to correct the patient when he says ... *they couldn't find nothing wrong when they did the EGC ...* (05:04)?

7 Watch the whole clip again. What approach does Dr Davis seem to favour to encourage Ted to tell his story in his own words: repetition, clarification or facilitation?

Over to you

You are going to role-play the scenario in Clip 1. Work in threes, taking it in turns to play the role of the doctor, patient and observer.

Doctor: before the role-play, write appropriate questions for each stage of the seven Attributes of a Symptom. During the role-play, remember to consider the patient's perspective and set an appropriate agenda.

Patient: before the role-play, use the diary entries you wrote in Exercise 1e as a starting point and give more details about the symptoms, patient's character and lifestyle, as well as any other information you think might be relevant.

Observer: during the role-play, use the checklist in Exercise 3b and give constructive feedback to the person playing the doctor.

¹Asking about the patient's perspective on the symptoms, and what he/she is expecting from the doctor.