Answer key

Clips 1 and 2

1a

Eye contact
The doctor uses very little eye contact, spending much of the time either reading the GP's referral or writing his notes.

Proximity
The doctor is seated across his desk from the patient, which is not conducive to creating good rapport, and he doesn't offer a different seating arrangement.

Environment
The environment is not very inviting for a patient – the office is fairly untidy (empty cups and old files on the desk, posters falling off the walls, untidy shelving).

Posture
The doctor's posture starts off quite well – he is sitting upright in his chair at a comfortable distance from his desk and the computer, but this deteriorates.

Facial expression
He doesn't smile as the patient enters; in fact, he looks slightly annoyed; he frowns quite a bit.

Clothing
His clothing is professional: smart, clean, ironed shirt.

Movement
His movements are quite aggressive at times, for example when he is describing the symptoms. He doesn't stand up and attempt to shake the patient's hand when she enters, but he does motion to the patient sit down. Furthermore, he puts his head in his hand, wipes his nose with his hand and scratches his head.

1d

The doctor doesn't heed any of the advice given by Osler; he achieves none of these things.

3a

Suggested answer
This doctor is far more patient-centred. His non-verbal communication is open, he welcomes his patient with a smile and a handshake and uses eye contact. He stands up as the patient enters the room. The patient, although in some pain, responds with a smile. The seating arrangement is more appropriate in terms of creating rapport with the patient.

3b

1	Used a patient-centred approach throughout the consultation (This is very patient-centred, especially compared to the approach of the doctor in Clip 1.)	✓✓✓
2	Began with open and moved to closed questions as appropriate (He allowed and encouraged the patient to express himself in his own words, moving from open to more specific questions in order to obtain precise details.)	✓✓
3	Refrained from employing leading and tag questions (He used tag questions when enquiring about the specifics of the condition instead of simple closed questions that would not lead the patient.)	✓
4	Enquired about specific features of the condition (location, quality, severity, etc.)	✓✓
5	Asked about aggravating and alleviating factors	✓✓✓
6	Enquired about associated manifestations (He asks permission before asking specific questions about the associated manifestations, which would be appropriate at this stge – the doctor is trying to eliminate the presence of certain symptoms.)	✓✓✓
7	Used clear questions, avoiding complicated medical terminology (He did not use any medical terminology with the patient)	✓✓✓
8	Employed appropriate tone of voice (Yes, throughout the whole interview)	✓✓✓

3d

His verbal and non-verbal skills match perfectly.

4a

Suggested answer
Mr Margolis, who prefers to be called Ted, is a family man, married with daughters. He has been trying to organise an evening at a restaurant to celebrate his wife's birthday but is having difficulty convincing his daughters to take part. He seems a fairly laid-back person, a jovial character who is able to laugh at himself.
Ted has presented with pains in his upper quadrant and chest and is also having problems sleeping.

4c

1 Dr Davis explains to the patient that he has read the referral letter and the patient note but invites the patient to give an account from his side.
2 *Can I come back to the sleeping problem? Can we focus a little bit on the trouble you've been having – I mean, with your stomach.*

5a

Location
Mentioned in Part 1 – patient indicates position of pain with his hand. Patient volunteers the information.

Quantity/Severity
8 on a scale 1–10 = quite severe at times

Setting
He tends to get the symptoms when he hasn't eaten for a while.

Associated manifestations
None – no vomiting, no blood

Quality
Sharpish pain and feeling full

Timing
Had symptoms for over a year

Aggravating/Alleviating
Aggravate = fruit and juices, hot liquids
Alleviate = eating

"8th Attribute"
See Exercise 6c below

5b

He doesn't ask about Location. This information was volunteered by the patient in Part 1 – he indicates the location of the pain with his hand. The "8th Attribute" has also not been asked about at this stage. Maybe the doctor wishes to get a more complete picture first before asking the patient's perspective on the situation.

5c

1 Can I ask you **how bad** the pain is when it **comes on**?
2 Have you noticed that **anything makes it** worse?
3 Does anything else **relieve it**?
4 Does the pain **move** anywhere, or does it **just stay** in that, that one **spot**?
5 Have you noticed anything else that **comes along** with the pain?

6a

1 The question serves as a signal to indicate a change in approach for the interview.
2 The doctor is indicating he will now ask some specific closed questions to establish a more accurate diagnosis. He is also indicating that he will take charge of this section of the interview – i.e it ceases to be patient-centred at this point.
3 *You're going to the toilet alright?* This question avoids the medical term *bowel*.
4 That is is going to the toilet regularly.

6b

Suggested answer

Use simple Yes/No type question as opposed to leading questions: *Have you ever vomited up anything? Have you ever vomited blood?*

6c

The doctor asks about the patient's perspective: *You must have your own idea about what might be causing it.*
He asks what he hopes they can achieve together during this visit: *What were you hoping that we would, we would do for you today?*

6d

The doctor doesn't want to stop the flow of the story unnecessarily, especially as he understands what the patient is trying to say from the context. Correcting the mistake might also humiliate or intimidate the patient, jeopardising the good rapport that they have.

7

Mr Davis tends to prefer repetition but seems to use it as a means of clarification as opposed to encouraging the patient to express himself. The patient is pretty chatty and as such does not need much encouragement to speak.

Clip 3

1

Suggested answer

Ted seems quite an open person. Unlike some patients, he gives the impression he will be fairly open about his family and social history and discuss these without too much problem. However, one cannot make assumptions; the doctor needs to be ready to read the patient cues.

3a

Ted has been working as a taxi driver for 15 years; he likes a drink but not to excess; he went with his family to Tunisia last year; he does a fair amount of DIY, but he seems to be accident-prone and has been to A&E several times due to minor injuries.

4a

1 Past illnesses
2 Accidents and injuries
3 Surgical procedures
4 Medication
5 Allergies
6 Immunisations

4b

Mr Davis doesn't ask about pregnancies, which is normal as the patient is male. He also doesn't ask about childhood illnesses. It might have been useful for the doctor to investigate this a bit further – it is easy for a patient to forget illnesses from their childhood. Mr Davies is probably assuming there is nothing significant.

4c

PMH
Bronchitis
Several DIY accidents
DH
Rennies, paracetamol
Allergies
Penicillin

4d

Doctor and patient are able to share a laugh together (the DIY story); he encourages the patient to tell the story in his own words and at his own pace, using facilitating techniques (*nothing else?, did you?*); he empathizes with the patient when he talks about his wife sending him to the appointment for his vaccinations (he gives a knowing smile).

4e

1 Can you tell me about any major illnesses or accidents you might have had in the past?
2 Have you ever had an operation?

5a

Heart disease and alcoholism. His father and grandfather both died after a heart attack. Alcoholism is evident in the family – his brother died from liver disease as a result of heavy drinking. Ted may also be susceptible to both of these.

5b

He feels it is his own fault (*he brought it on himself*). Ted's tone of voice also suggests this. Ted has rethought his own drinking habits and now only drinks six pints on average per week, although his total consumption might be in the same night. He only drinks alcohol if he is not driving the next day.

6a

Doctor: Can I just ask you a bit about that? Do you **drink any alcohol** at all?
Ted: Well, I do, but I got to be careful, of course, cos of, with driving, you know. So I can only drink if I know **I'm not driving** the next day, you know.
Doctor: OK, so how much alcohol **would you drink** in a, in an average week, do you think?
Ted: Oh, probably about **six pints**, I should think.

6b

Do you drink any alcohol at all? and *OK, so how much alcohol would you drink in a, in an average week, do you think?*
In the first question, the doctor is making a point of asking whether or not Ted does in fact drink, rather than simply assuming he does and asking how much. The use of *at all* makes the question sound less blunt. When addressing the sensitive issue of how much Ted drinks, the doctor uses an indirect question, again making the question sound less blunt.

7c

Is that a fair summary of what we've discussed so far?
Mr Davis wants to give Ted the chance to correct inaccurate information, add missing details and recall new information. Summarising is an important stage of the patient-centred interview, allowing the patient to fully participate in the history-taking process.

Clip 4

2c

Dr Davis managed his voice to good effect during the whole physical examination. He maintained a tone of voice that was calm and reassuring, softly spoken but clear at all times. This ensured that the patient complied throughout the examination.

3a

1 It is important to start by examining the hands; it is a socially more acceptable approach that gives time for the patient to develop trust in his/her doctor.
2 It is important to explain investigations to the patient so that they have a better understanding of

why they are being carried out. Some investigations (in this case hands and eyes) may not be obvious to the patient considering the symptoms they have presented with.

3b

Suggested answers

I would like you to lie on the couch. / Could you please lie on the couch? / If you could just lie on the couch, please. / If you wouldn't mind lying on the couch, please.

3c

This language would not be suitable for this patient. He appears to be a little embarrassed by the question *Do you need to have a pee first of all?* This language is more appropriate for a child or someone who has indicated they did not understand the more clinical expression 'empty your bladder'. Note 'empty your bladder' is very widely used in English.

3e

Do you need to empty your bladder first? / Do you need to visit the toilet before we start the examination?

4a

Doctor: So if you just look up at the ceiling for me. That's great. If you **stick your tongue out** for me now. And pop it back in again. And now **I'm just going to** feel for any glands at the **base of** your neck. That's fine.
Patient: What do you mean, you didn't find any?
Doctor: There are none there. No, I can't feel anything. That's fine. What I'd **like to do** now is just examine your stomach, OK? Can you tell me **whereabouts** it hurts?
Patient: It's right in there, doc.
Doctor: Alright, so I'll be **especially careful** when I'm pressing on there. What I'm going to do is just **press round gently**. Could you tell me **if it hurts** at all?

4b

1 The patient complies with the investigations without any signs of resistance.
2 *For me* is used to encourage the patient to comply with the doctor's requests during the examination. It is often used with children but can be used with adults in this context.

5a

Doctor: Could you tell me if it **hurts at all**?
Ted: Yeah.
Doctor: That's quite **tender**, **is it**? I'm gonna press a little bit harder now. So again, **tell me if** it's too uncomfortable.
Ted: That's fine. Oh, oh.
Doctor: That's **quite** painful, is it? I'm sorry. But alright over here?
Ted: Yeah.

5b

There are plenty of examples where the doctor demonstrates active listening skills, for example relieving pressure on areas of pain and apologising, and responding to questions related to investigations the patient doesn't understand.

5c

1 *at all* is a softener placed at the end of a sentence to add politeness. The intonation rises on this expression.
2 Expressions like *that's great/fine/good* should not be taken literally; the doctor uses these to indicate a transition from one stage of the physical examination to the next.

6

The doctor maintains dignity by ensuring that areas not being examined are covered by a blanket. At the end of the examination he suggests the patient dresses first before they discuss the findings of the examination. (The patient is less vulnerable once dressed and more able to participate on an equal level with the doctor.)

Clip 5

1 Suggested answers

Obtain patient's view of need for action.
Elicit any barriers to implementing a plan.
Take patient's lifestyle into account
Encourage patient to be involved in plan.
Ask about support networks.

2

Yes, he does.

3

The doctor's non-verbal communication is in line with good practice. She leans towards the patient, she maintains good eye contact throughout the interview, she reads the patient's body language and responds appropriately, she uses her hands to explain the different options, she smiles and laughs in response to the patient's comments (grandad's smoking, chewing gum), she tries to enthuse the patient about the benefits of brisk walking by using her arms and contrasting this to slow walking with a dog.

4

1 He says *oh* and looks down at the floor.
2 She gives him an opportunity to express his feelings by saying that he still looks worried.
3 Being pretty overweight and smoking heavily
4 He's been smoking for 30 years, he enjoys the social aspect of smoking, his grandfather was a heavy smoker and lived until he was ninety, smoking helps him to deal with stress.
5 She nods a lot and smiles at times to show that she understands what the patient is saying.

5

1 Crossing ones legs is often a subconscious response and is seen as a protective gesture. In this case it coincides with a change of focus from sharing a laugh about the patient's grandfather to listing the dangers of smoking, which could invite an unwanted reaction from the patient.
2 He makes no verbal response and his body language does not indicate whether he agrees or disagrees. Yes, it is significant, as it allows the doctor to proceed as if he agrees and then to bring up the question about how he might give up smoking.
3 Inhalator, patches and nasal spray
4 She acknowledges that there are side effects, outlines what they are, and then points out that the benefits of using nicotine replacement still outweigh any side effects.

6

Her body language reinforces her message when she says the following:
Gradually, over the course of weeks ...
... cut down on how much you're using ...
... get to the point where you hardly need it.

7a

Upping the amount you walk – raises her hand
Getting the heart rate up – raises her hand more vigorously
Really brisk walk – mimes walking movement
Do fast walking – mimes walking more vigorously
Pootling along slowly with the dog – mimes holding a dog lead without much enthusiasm
Get on your trainers – very vigorous miming of exercising

7b

Her body language is very effective in terms of reinforcing what she is saying on a visual level, mirroring the enthusiasm in her voice, and

demonstrating that vigorous exercise can be enjoyable.

7c
She doesn't include stages 3 or 4.

7d
Stage 3: If you find you are struggling with what we've agreed, call us and we can try to help you.
Stage 4: OK, if there is anything else you'd like to ask in relation to the plan ...

8a
2 Well, I would suggest you give it another try.
3 And then gradually, over the course of weeks, we'll cut down on how much you're using ...
4 Well, shall we set a date to stop now then?
5 How about I give you a prescription, you can get the stuff, and ...

8b
It allows the patient to be involved in the treatment plan.

9
1 Doctor's objectives: to highlight dangers of smoking and to get the patient to agree to take steps to stop. Patient's objectives: to find out what is causing the breathlessness and to seek appropriate treatment.
2 Yes, both doctor and patient appear to have achieved their objectives.
3 Concordance: the doctor respects the wishes of the patient and allows the patient to set the terms of the treatment.
4 The doctor speaks in a gentle and concerned way. She reassures patient by stressing the word *fine* at the beginning of the scenario: *Your heart is fine*. She also shows enthusiasm in her voice when she encourages the patient to do some brisk walking.

Clip 6

1b
Suggested answers
Risk of poisoning, damage to eardrum or cartilage around the ear, scarring to the face, facial nerve damage

2a
1 Permission
2 Setting
3 Knowledge
4 Explain
5 Strategy
Ms Smithson does not cover I – invitation or S – summary.

2c
The patient will be required to stay in hospital for two days and therefore take time off work, which could cause some inconvenience as she is covering for colleagues and is very busy. The wound is not particularly severe, and, as such, her life is unlikely to change dramatically.

3a
Ms Smithson: smiling / good eye contact / warm / proximity: close but not overbearing / non-threatening posture – slightly forward
Student: attentive / proximity: giving space
Nurse: proximity: giving space

3b
It just feels a bit tender, that's all. / It's a bit, sort of tender. / I feel fine.
Patient minimises the pain, and so it will be quite a shock that she will be admitted to hospital, given that she is not in severe pain. Also, she has been told by A&E the wound simply needs cleaning and maybe re-stitching.

4a
Ms Smithson: Alright, so what are **your thoughts** about what's **going** on?
Patient: I don't know. I guess it just needs re-stitching and cleaning up a bit, probably.
Ms Smithson: Yeah, so that's what **you are expecting**?
Patient: Yeah.
Ms Smithson: OK, well I'm really sorry to have to **tell you** it's **going to involve** a bit more treatment than that.

4b
Ms Smithson uses an open question: *So that's what you're expecting?* so as not to lead the patient. She confirms the patient's perception before moving on to prepare her for receiving the bad news.

4c
Both use it to minimise the situation. The patient is expecting a more simple procedure, which is what A&E have led her to believe (*re-stitching and cleaning up a bit, probably)*. The doctor tries to minimise the impact of the bad news (*a bit more treatment than that*).

5a
1 NO
2 NO
3 YES
4 NO

5b
1 Ms Smithson doesn't consider I in the SPIKES model.
2 Her explanation is clear and appropriate to the level of education of the patient but avoids medical jargon
3 She uses the words *I can see you're getting a bit anxious*. She is able to read patient cues and respond appropriately.
4 Using validating language to show that the patient's feelings are normal is not necessary here, considering the degree of the bad news as presented by the doctor.

5c
How much detail would you like me to go into? / Are there any areas you would rather I didn't go into?

5d
Cos you don't want to be left with any nasty scaring, do you?
This hints that the infection is more serious than she has described to the patient. You may believe in giving the worst case scenario so that the patient has all the facts.

6a
Cellulitis (used with patient but explained) / soft tissue / intravenous / structures / parotid gland / facial nerve

6b
Are you alright if I just show Jo the wound and explain to her medically what's going on? So that was just a little anatomy lesson there for Jo.
1 It keeps the patient informed and asks the patient's permission; if the patient refuses, this can be done later.
2 This is the best moment, as the doctor has already explained what is going on to the patient. Listening to the discussion with the student could be alarming for the patient if they are not aware of the situation already. This approach is in line with the patient-centred approach.

7a
It is more likely that the nursing staff would deal with this. The doctor in this clip shows concern for the patient as a whole and takes into consideration the impact of her treatment on the rest of her life.

Clip 7

1
Be prepared to probe for the source of anger, while being supportive of the patient's feelings.
Avoid provoking the patient.
Be prepared to be assertive to deal with manipulative behaviour, while making sure that any aggression is minimised.

2a
1 The encounter has not been particularly successful for either patient or doctor. The patient's objective is to get the doctor to acknowledge that he has got MS.

The doctor does not do this and has pointed out alternative diagnoses with which the patient is not comfortable. The doctor's objective appears to be to identify possible reasons for the patient's symptoms and to act to resolve these. While she appears to have identified a possible cause for the symptoms, she is unable to get the patient to agree with her diagnosis; he remains quite convinced of his own diagnosis.

2 There is communication breakdown, as the doctor fails to successfully challenge the patient on his self-diagnosis. As a result, the issue keeps recurring and prevents discussion of a more likely diagnosis.

3 The doctor seems to have identified the cause of the patient's symptoms but is unable to get the patient to accept her diagnosis, so is likely to feel frustrated that the patient is not willing to cooperate. The patient is also likely to feel frustrated because he has not achieved his objective

4 The doctor's voice suggests that she doubts the validity of what the patient is saying, particularly when she says *really* in response to the patient stating that he has MS; her intonation rises and then falls when she says the word. In general, she adopts quite a firm and assertive tone.

2b

Suggested answer

The doctor's facial expressions indicate that she is not convinced about what she is hearing – she raises her eyebrows a lot, grimaces, frowns and bites her lip at one point. Her posture is quite rigid, and there is little movement in her hands. The seating arrangement is not ideal, as the doctor and patient are facing each other directly

3

Up to this point, she doesn't use this kind of language.

4

When the patient says: *I'm a bit scared / I'm feeling very tired / And then I've got pins and needles and then dropping things*

5

The patient's eyes narrow, and he frowns, suggesting annoyance. The doctor picks up on this and quickly moves on to her next question to let the patient's feelings subside.

6

Mr Boyle, **I do hear** what you say, but I feel that I would really like to explore other options.
I'm listening to what you have to say. But I'm **simply** trying to explain to you that MS in not the only diagnosis. Just **bear with** me a moment.

7

1 That **must have been** pretty difficult.

2 So **that's another blow** for you? So things are looking **pretty rough**?

8

Because the doctor is now discussing the issue of depression and feels that events in the patient's life have led to depression.

9

The doctor nods. However, the nodding could be more emphatic and consistent. In addition, smiling and moving her hands apart would indicate that she is listening.

Clip 8

1

Suggested answers
Establishing initial rapport: greet patient, demonstrate respect and interest, consider paying the child a compliment, check child is comfortable
Developing rapport: acknowledge child's feelings, show empathy and support, show sensitivity, share thoughts with patient, explain why examination is needed, ask for permission to examine child

2a

Establishing initial rapport
He greets the child.
He doesn't show much interest in the girl apart from telling her that she has grown.
He checks she is comfortable by asking *Are you going to be comfortable there?*
Developing rapport
He acknowledges the child's feelings. He says *Oh dear* in response to the child saying her arm hurts.
He shows empathy when he says *Nails shouldn't be sticking out of the wall, should they? That's horrible* and when he says *I bet that hurts, doesn't it?*
He shows support when he says *You're being very brave* and when he reassures her that it wasn't her fault.
He shares his thoughts with the child and mother when he says there shouldn't be any scarring.
He doesn't explain why he needs to look at the child's arm.
He asks for permission to look at her arm: *Can I have a little look?*

2b

Moderately effective; he succeeds in getting the patient to cooperate with him, and he covers most of the recommended stages. However, at times he lacks sensitivity, for example when he tells the girl she has to have an injection and comes across as a little patronising. He also calls the mother *mummy*.

2c

While the doctor sounds quite friendly, he doesn't really adapt his voice sufficiently for dealing with a clearly anxious child. Examples include:

- When the doctor says he has to give the girl an injection to stop her arm hurting; he comes across as impatient.
- When the doctor says *Now what we need to do, mummy, is to clean this, and you must make sure you keep it clean* he comes across as patronising.

2d

Good points: At the start of the interview he smiles at the mother. He leans forward and makes eye contact with the girl. When seated, he makes a clear effort to place himself at the same level as the girl by hunching over
Weak points: He doesn't smile at the girl at the beginning. He looks slightly irritated when the girl says she doesn't like injections. He doesn't smile during the consultation, apart from after giving the injection.

3

Oh dear. Well, **don't worry don't worry**. Accidents happen all the time. It **wasn't your fault**.
... oh no, that **does look** nasty. I **bet that** hurts. Does it? You're being very **brave**.

4

... a **little/tiny** injection.
... **just** give you ...

5

1 It could be better. Apart from paying more attention to his tone of voice, the doctor could have explored why the child was afraid of injections and explained that the injection was important to get rid of any dirt in the arm, which was part of the reason why her arm was hurting.

2 It would be more effective if he used a gentler tone of voice. He could have reminded her to keep her eyes focused on the picture (she seems to stare into space) and then asked her a couple of questions about the seaside to distract her.

3 Yes. He makes a practical suggestion to dispose of the nail, which the girl seems to approve of. He praises her again for being good.