**Introduction:**

What name do we use? First name, Dr X, Full name…..

Do we need to say what rank of doctor we are? Eg I am Dr X GP ST1 / Or I am one of the doctors……..

**1st Question:**

* How can I help today?
* What can I do for you today?
* What would you like to talk about / discuss today?
* What brought you here today?
* Tell me what has been happening?
* How are you?
* How are things?
* How are you feeling?
* What seems to be the matter?
* SILENCE…..

**Agenda Setting:**

**Screen for other issues and the try and agree a running order**

* Is there anything else you need to talk about today?
* Is there anything else you’d like to cover today?
* Would you like to talk about anything else today?

Bridge the enquiry with acknowledgement to opening statement….. (Signposting)

Eg ‘*We can certainly talk about the athlete’s foot but before we do that can I ask if there is anything else you wanted to mention today?’*

**KEEP ASKING AND WAIT FOR THEM TO SAY NO**

Agree the agenda to discuss – items, order etc

**ICE**

**Ideas:**

* What do you think is going on?
* Is there any particular condition you were thinking of?
* What do you think has caused your symptoms?
* Had you any thoughts about what was going on?
* Some people when they have this particular problem think about…..
* It is useful for me to know what you were thinking could be happening

**Concerns:**

* Is there anything in particular you were concerned / worried about?
* You seem worried……
* Is there anything you are concerned about?
* What was the worst scenario that had crossed your mind?

**Expectations:**

* Was there anything you were hoping I could do for you?
* So you were hoping I could do ‘x’ (using patient’s own earlier words’)
* When you booked the appointment was there anything you were hoping for?
* When you were thinking about today’s appointment was there anything specific you wanted to happen?
* Was there anything you thought may help the situation?
* What were you expecting?
* It helps me to know how you hoped I could help today

**Examination**

**Importance of:**

* Consenting the patient for an examination
  + Clear reason & clear instruction (done before the examination)
* Explaining why an examination is recommended (helps keep patient informed and understand why something is being done)
* Explaining the examination findings as they are discovered (to keep the patient informed)
* Chaperone use – be aware of their roles and patient wishes
* Allow the patient preparation and recovery time
* Allow the patient privacy
* Allow choice of chaperone if possible

**Handing Over Information**

* Check patient’s understanding of the condition
* How much to you want to know?
* Delivering the information in bits (chunks)
* Use previously obtained information eg ICE and psychosocial issues to help phrasing and terminology
* Use ‘appropriate’ language
* 3 messages – ie avoid information overload
* Uses resources – leaflets, computer, diagrams…
* Use of templates for delivering news eg SPIKES / KAYE’S models for bad news
* Can use phrases like:
  + ‘You were right – you do have an ear infection’
  + You mentioned it could be ‘x’ but it actually looks like it is ‘y’

**Comments from the ‘patients’ who role played case delivering CKD diagnosis:**

* Empathy helps communication
* Layman’s terms helped
* Checking understanding helped
* Kept checking understanding
* Body language made me feel comfortable
* Open to my questions
* Found out what I thought which made me feel listened too

**Suggested References:**

* **The consultation hill: a new model to aid teaching consultation skills**

Ian McKelvey

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2894394/?tool=pubmed>

* **Skills for Communicating with Patients**

Silverman, Kurtz and Draper

* **The Inner Consultation**

Neighbour

* **Narrative-based Medicine**  
  **Launer**
* **The Consultation - An Approach to Learning and Teaching**

Pendleton Tate Havelok