INITIATING THE SESSION

Although the beginning of an interview takes only a small amount of your time, it has a huge impact on all that follows. You need to focus harder here than at any other point in the interview – simultaneously you are trying to establish rapport, make first impressions, calibrate how the patient is feeling and plan the course of the interview to come. Keep the following key objectives in mind as you approach the patient:

- establishing a supportive environment and initial rapport
- developing an awareness of the patient's emotional state
- identifying as far as possible all the patient's problems or issues to discuss
- establishing with the patient a mutually agreed agenda or plan for the consultation
- enabling the patient to become part of a collaborative process

To help you achieve these objectives, pay attention to each of the following skills:

Preparation

- Put aside your last task, attend to your own comfort
- Focus your attention and prepare for this consultation

Establishing initial rapport

- Greet the patient and obtain the patient's name
- Introduce yourself, clarify your role and the nature of interview; obtain consent
- Demonstrate interest and respect, attend to the patient's physical comfort

Identifying the reason(s) for the consultation

- Identify the patient's problems or the issues that the patient wishes to address with appropriate opening question (e.g. "What problems brought you to the hospital?" or "What would you like to discuss today?")
- Listen attentively to the patient's opening statement without interrupting or directing patient's response
- Confirm the list and screen for further problems (e.g. "so that's headaches and tiredness; anything else……?")
- Negotiate an agenda taking both the patient's and your needs into account

PREPARATION

It is all too easy to rush from one task to another in the busy world of medicine. Without attention to what you are about to do, you can be distracted in the crucial first few moments of the interview, with your mind still on the last patient, on your interaction with a member of staff or your own personal needs. These thoughts and feelings can get in the way of providing full concentration. Instead, prepare yourself so that you can give your full attention to the patient by:

- **putting aside the last task** - make sure that the last task will not impinge on the next, make arrangements to return to unresolved issues later
- **attending to your personal needs and comfort** - ensure that hunger, heat or sleepiness do not disturb your concentration
- **shifting focus to the consultation at hand** - prepare as necessary by reading the notes, searching for results or thinking about what you know so far

- **concluding these activities before greeting the patient** – make yourself free to concentrate in as relaxed and focused a way as possible

ESTABLISHING INITIAL RAPPORT

Your prime task on meeting the patient is to try to make him or her feel at ease. All the following skills help to achieve this.

Greet the patient and obtain the patient's name

Approach the patient sensitively, taking particular care of your non-verbal communication. Use an appropriate combination of handshake, eye-contact and smile but be careful to take into account the patient's cultural background and preferences.

Check that you have come to the correct patient and have pronounced their name correctly. Avoid making assumptions about marital status or preferred form of address.

"Hello. Can I just check - is it Mary French?

Introduce yourself, clarify your role and the nature of the interview; obtain consent

Introduce yourself to the patient and take care to explain who you are, what you want to do and how long it might take. Explain your position within the team, the length of time that you have for interviewing the patient, what you will do with the information obtained and how you will relate this information to the doctor in charge of the patient. State from the outset that the interview is for your rather than the patient's prime benefit if that is the case or conversely if this is the only opportunity the patient will have to give their story and ask questions.:

Hello, my name is Catherine Singh, I am a student doctor working with Dr. James. I am learning how to interview patients. I think Dr. James suggested to you that I might spend 15 minutes talking to you before he joins us and tries to help you with your problem.

Obtaining genuine consent is an essential part of the introductory process for medical students

Would that still be all right?"

Pay attention to the patient's answer and especially their non-verbal communication which may give you a better understanding of their true feelings than their verbal response. Check this out if there is any doubt.

Demonstrating interest and respect, attending to the patient's physical comfort

Make deliberate steps to build the relationship from the very beginning of the interview. Your behaviour and demeanour here are vital in enabling the patient to feel valued and respected. Establishing trust and developing the relationship early on will set the scene for efficient and accurate information exchange as the interview unfolds.

Pay particular attention to the patient's physical comfort. You may as a student not be able to dictate the physical environment of the ward or clinic as much as you may wish. However you can ensure that the patient is as comfortable as possible, enquire as to whether they are in pain and invite them to tell you if problems arise as the interview proceeds. Consider the physical arrangements. On the ward, try to ensure that you are seated rather than standing and at the same level as the patient. In the clinic or GP surgery, try to sit so that you and the patient are close enough to reach the patient, at a knee-to-knee angle and are not looking into the glare of un-curtained windows. As much as possible, talk with patients while they are fully dressed.

Pay attention to confidentiality: close doors, draw curtains between beds, or if no privacy is possible, at least be aware that uneasiness may inhibit or distract the patient to the point of giving inaccurate or incomplete information.

IDENTIFYING THE REASON(S) FOR THE CONSULTATION

Having exchanged introductions and established initial rapport, the next step is to determine what issues the patient wishes to discuss. What is their agenda for the interview? Why have they come today? In the context of seeing patients in hospital or at home, you need to clarify the problems that the patient wishes to address as well as explaining your own reasons for coming to see them.

Remember that patients usually present with more than one symptom or problem and that the order that they present them in is not necessarily related to their clinical importance. It is vital for you to discover all the symptoms that the patient has noticed and not fall into the trap of investigating the first symptom mentioned before finding out all of the patient's problems. We know that this latter approach leads to significantly less effective clinical reasoning.

So how do you make a route-plan of the consultation rather than blindly setting off down the first road that you come across? Use these three related skills to help you to understand not only why the patient has come but also as many as possible of the patient's reasons for attendance and their relative importance:

- the opening question
- listening
- screening and agenda setting

THE OPENING QUESTION

Near to the beginning of the interview, it is important to ask the patient an initial open question. This question will depend on the setting. On the ward your task may be to discover, primarily for your own benefit, "what problems brought you to the hospital?" from a patient who was admitted some time ago and is therefore already 'in the system'. However in the clinic or GP surgery, you may be seeing the patient from the start and can use "tell me what problems you have been having", "what would you like to discuss today?", "how can I help you?" or "I have a helpful letter from your family doctor, Dr Patel, but please start by telling me what the problems are from your perspective".

LISTENING TO THE PATIENT'S OPENING STATEMENT

Learning how to listen at the beginning of the consultation is the first step to an efficient and accurate consultation. Listening rather than questioning allows you and your patients to achieve more of your objectives for this part of the consultation: to understand what the patient wants to discuss today, to make the patient feel comfortable, welcomed and an important part of the proceedings, and to gauge how the patient is feeling.

Remember that as soon as you move into detailed questioning, the patient tends to become a passive contributor. You then have to follow each closed question with another, your mind is forced away from the patient's responses into diagnostic reasoning and the interview prematurely focuses onto one particular area. In contrast, following an open-ended initial statement or question with attentive listening allows you to discover more of the patient's agenda, to hear the story from the patient's perspective, to appear supportive and interested and, by concentrating on the patient, to pick up cues to their feelings and emotional state that could otherwise be missed.

What are the specific skills of attentive listening?

Attentive listening is both active and highly skilled. There are four specific skill areas that can help us to develop our ability to listen attentively:

1. wait time
2. facilitative response
3. non-verbal skills
4. picking up verbal and non-verbal cues

1. *Wait time*

Always give the patient adequate time to respond. Rather than preparing your next question, focus attention on what the patient is saying. Try not to interrupt with your next question but instead allow the patient space to think before answering or to go on after pausing.

Achieve this by using 'wait-time', by simply increasing all your pauses by a few seconds. Whenever you feel the need to ask another question, count slowly to three. The patient will have time to contribute more without interruption and you to have time to listen, think and respond more flexibly.

2. *Facilitative response*

Encourage your patients to say more about a topic by indicating that you are interested in what they are saying and that you would like them to continue. This facilitation can be achieved very efficiently with minimal or no interruption. Use neutral facilitative phrases such as "uh-huh", "go on", "yes", "um", "I see" to encourage the patient to continue along their own path.

3. *Non-verbal skills*

Much of your willingness to listen is signalled through your non-verbal behaviour which immediately gives the patient strong clues as to your level of interest in them and in their problems. Many individual components are involved in non-verbal

communication including posture, movement, proximity, direction of gaze, eye contact, gestures, vocal cues (tone, rate, volume of speech), facial expression and touch. All these skills can assist in demonstrating attentiveness to patients and facilitate the formation of a supportive relationship.

Among the most important of all the non-verbal skills is eye contact. You can so easily be distracted from providing this by the notes or the computer as you grapple to comprehend our patient's problem: yet, poor eye contact can be readily misinterpreted by the patient as lack of interest and can inhibit open communication**.** First impressions are very important here.

Communication research has shown that non-verbal messages tend to override verbal messages when the two are inconsistent or contradictory**.** If you provide the verbal message that you want the patient to tell you all about their problem while at the same time you speak quickly, look harassed and avoid eye contact, your non-verbal message will usually win out. The patient will correctly construe that time is at a premium today and may not tell you about the problem in sufficient detail.

4. ***Picking up verbal and non-verbal cues***

Another important listening skill is that of picking up patients' verbal and non-verbal cues. This requires both listening and observation. Often patients' ideas, concerns and expectations are provided in non-verbal cues and indirect comments rather than overt statements. These cues often feature very early in the patient's exposition of their problems and you need to look out specifically for them from the very beginning of the interview. The danger lies in either missing these messages altogether or assuming you know what they mean without checking them out with the patient now or later in the interview.

What are the advantages of attentive listening?

Full attention through active listening allows you to:

- signal your interest to the patient
- hear their story
- prevent yourself from making premature hypotheses and chasing down blind allies
- reduce late arising complaints
- to hear both 'disease' and 'illness'
- not have to think of the next question (which blocks your listening and renders the patient passive)
- calibrate the patient's emotional state
- observe more carefully and pick up cues verbal and non-verbal cues

SCREENING

An appropriate opening question combined with attentive listening and specific facilitation skills will allow you to discover more of the patient's agenda in the early part of the consultation. Making a further deliberate attempt to discover all of the patient's problem *before* actively exploring any one of them can further increase the accuracy and efficiency of consultations.

Screening is the process of deliberately checking with the patient that you have discovered all that they wish to discuss by asking further open-ended enquiries. Rather than assuming that the patient has mentioned all their difficulties, double-check:

"So you've been getting headaches and dizziness lately. Has anything else been bothering you?"

If the patient continues, resume listening until the patient stops again; then repeat the screening process until eventually the patient says that they have finished:

"So you've also been feeling very tired and irritable and were wondering if you might be anaemic. Anything else at all?"

At the end of this process when the patient says "No, that's about it", you might wish to confirm your understanding and give the patient an opportunity to know what you have heard:

"So as I understand it, you've been getting headaches and dizziness but have also been feeling tired, rather irritable and a bit low, and your concern was that you might be anaemic. Did I get that right?"

Often this method of checking reveals symptoms and concerns relating to the initial complaint but the patient might not yet have revealed a totally separate problem. You might wish to perform one last check here:

"I can see these symptoms must have been worrying to you and we'll need to explore them further in a minute: first let me just check whether there are any other areas that you hope I might be able to help you with today as well".

The patient might then produce a second problem area, "Well, I've also got this terrible cough" or a social problem, "Well I'm really terribly worried about my daughter". Without this check, you might first discover these issues at the end of the consultation and not have any time or patience left to deal with them.

Patients may of course still reveal their underlying problem, their hidden agenda, later in the interview when they have tested the water and gained confidence in the relationship. Screening encourages but does not guarantee early problem identification and you must still remain open to late arising complaints and be sensitive to the reasons that the patient might have in delaying their introduction.

AGENDA SETTING

Screening naturally leads on to negotiating and setting an agenda, taking both the patient's and the your needs into account. This is an overt and involving approach to clarifying how the interview should proceed. There are many advantages to this over simply moving forward without explaining the process to the patient. For you, organisation of thought prevents aimless or unnecessary questioning and incomplete data gathering. For the patient, the structure of the interview is made overt and an opportunity is provided for more involvement and more responsibility in what is taking place:

"Shall we start with the new problems, the diarrhoea and the fever, and then move onto the problems you have been having with your medication?"

Your agenda can also be added:

"OK, let's think about your headaches and then look at the rash: I wouldn't mind checking on your blood pressure and your thyroid tablets too later on, if that's all right"

Problems with time can be acknowledged and negotiated. In negotiating priorities, a balance may need to be struck between the patient's personal hierarchy of concerns and your medical understanding of which problems might be more immediately important:

"I can see that the arthritis is the thing that's really bothering you most today but if you don't mind, I'd rather we started by checking out those chest pains you had last week."