

General description form for teaching tools

In order to have a comprehensive general description of the teaching tool, please try to follow this format (see table below):

1. The **title** of the tool.
2. For which **audience**? Is it for students? Which level?
3. The **goals and objectives** of the tool (operational)
4. The **methods**: small group with facilitator, lecture, discussion, video, role play, sp, etc.
5. General short **description** (sequence, time table, facilitators needs,...)
6. **Practical** implementation advice such as the materials needed, length of session, faculty/facilitator needs, preparation needs, etc.
7. A description of how the material has been successfully deployed including common **pitfalls**, tips for **success**, etc.

It would be very useful for us if you could provide us with the original materials/tools even if it is not in English! We are trying to get funding to have all the materials translated in a professional way.

Besides this, you can also send us video- and audio-materials and other didactic materials.

We would like to thank you for your cooperation! Please follow the progress of our work at www.each.eu

Teaching Tool description	
Title	Pateint Centered Interviewing
For whom? (pregrad, postgrad, residents...)	Undergraduate Ist years
Goals/educational objectives	<p>Aim The aim is for them to recognise and develop helpful interviewing behaviours. To do this we want to make the goals of communication more explicit, to identify barriers to effective communication and to specify the skills which can address these.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Identify factors that act as barriers and enablers to communication 2. Discuss the role and value of attentive listening, rapport and empathy, different question styles and summarising. 3. Demonstrate appropriate non-verbal (e.g. body language) and verbal skills (e.g. use of silence, open and closed questions and summarising) to gather information).
Methods (small group, lecture,...)	<p>Workshop for around 20 students</p> <p>3 hours with a break</p>
Short Description	<p>1. Barriers and Enablers Exercise - What helps us communicate? 20 mins</p> <p><u>Individually</u> - Ask students to think for a minute <u>on their own</u> :</p> <ul style="list-style-type: none"> ■ about why it might be difficult for them to talk to someone about a personal problem (they may think of an occasion when they would have liked to talk but didn't - why was this?) ■ about who they would talk to if they had a personal problem, (it could be a friend, relative, doctor, teacher or whoever). <p><u>Pairs</u> - Stress they do not have to disclose the person's identity but in pairs discuss</p> <p style="text-align: right;">10 mins):</p> <ul style="list-style-type: none"> - What are the attributes of this person? - Can they describe particular behaviours that this person uses? (ie. how is this person helping you to talk?) <p><u>Whole group - Feedback</u> about the above (10 mins):</p> <p>Students to write up on flipchart - what makes it difficult - what helps</p> <p>Tutors to try and get students to be specific about behaviours</p> <ul style="list-style-type: none"> ■ if they say good listener - how do they know the person is listening - what are they doing? ■ How do you know if the person has really understood you - what do they

do?

- if they say non-judgemental - how do you recognise non-judgemental behaviour?

Tutor input:
mins

10

- From the list of skills - draw parallels with the doctor-patient relationship
- Explain what is meant by the doctor-patient relationship. The issue of power should emerge and the need for doctors to use skills to enable patients to talk should be highlighted.
- Ask what they think are the goals of a consultation?
- Introduce the Patient-Centred Interview guide (see appendix 2). This is available as a Powerpoint slide. This can be found in the FunMed folder on the desk top then open the file Patient Centred Interviewing.

2. Talking to Patients - and Helping them Talk to You. – DVD

We use two DVD clips showing a patient interview with a doctor to whom the patient is unknown.

The first clip shows the doctor taking a patient history but using closed questions, rushing the patient, appearing distracted and judgemental. When she does ask an open question she then closes it down but giving the patient some options for their reply.

Show the first DVD clip and discuss with the student what went well and what didn't go well.

DVD clip 2 shows better practice with regard to a more patient centred approach. Show clip and discuss with students how the two consultations compared.

Points to highlight:

- The doctor was more prepared with regard to how the chairs were set out and knowing which patient to expect.
- More open questions are used to allow the patient to tell her story.
- The doctor explored the patient's concerns.
- The doctor frequently summarises showing that she has listened and got the facts right.
- Body language is better.
- Use of empathy.
- Attentive listening.

The emphasis of this exercise is to identify the skills one needs to be patient centred, rather than how to take a patient history. This will be addressed later in the course.

A key point to emphasise is that patients will not always tell you their ideas and concerns – which are important in understanding what is going on – unless the doctor/medical student can begin to build a relationship.

BREAK
15 mins

3. Finding out the patient's problem – peer role play exercise.

	<p style="text-align: center;">35 mins</p> <p>The aim is to find out : The patient’s history and the patient’s own ‘story’.</p> <ul style="list-style-type: none"> • Ask students to get into 3s. One interviews, one is the patient and one observes. (There are 3 roles so each will get a chance to take a part). • Ask the ‘patient’ from each group to come out of the room whilst you brief them about their role. In the meantime, the interviewers are to tell the observers what their objectives are, and if there is any particular feedback they would like. • Explain the rules of practice and feedback (you can stop it if you want, interviewer comments first, feedback to be constructive, what was effective as well as suggestions for other approaches). • When they are ready, explain the observer should also be timekeeper and stop the roles at 5 minutes if it hasn’t already stopped. Encourage the observers to jot down verbatim anything they would like to comment on. Then start. • At the end of 5 mins have 5 mins feedback in the 3s (remind feedback order). • Repeat process with next roles. • Observe the groups from a distance and help if they are getting into difficulties. <p>If you prefer, these interviews can be done as a whole group with one student playing the role of the patient, one as the student and the others in the group as observers who will give feedback.</p> <p>4. Closure 10</p> <p>mins</p> <ul style="list-style-type: none"> • Acknowledge the artificiality if students comment on this. • Take feedback on what they learned. • Summarise, and remind them to think about what they can learn when they see health professionals communicating with patients in clinical settings. • Offer to be around for a little while at the end, as sometimes people would like to talk further about anything that has occurred in the session. <p>Make a general comment at the end of the session that anyone with any questions can discuss them with you.</p>
Practical Implementation Advice	
Tips for success Pitfalls	<p>NB The 3rd role-play is a difficult one and may have resonance for some students given the prevalence of bullying and self harm in schools.</p> <p>Be aware of this and alert any students who may be affected by it.</p>
Contact (name and email)	<p>Angela Rowlands</p> <p>a.rowlands@qmul.ac.uk</p>

Angela Rowlands

Patient Centered Interviewing
Undergraduate 1st years
<p>Aim The aim is for them to recognise and develop helpful interviewing behaviours. To do this we want to make the goals of communication more explicit, to identify barriers to effective communication and to specify the skills which can address these.</p> <p>Objectives:</p> <ol style="list-style-type: none">1. Identify factors that act as barriers and enablers to communication2. Discuss the role and value of attentive listening, rapport and empathy, different question styles and summarising.3. Demonstrate appropriate non-verbal (e.g. body language) and verbal skills (e.g. use of silence, open and closed questions and summarising) to gather information).
<p>Workshop for around 20 students</p> <p>3 hours with a break</p>
<p>1. Barriers and Enablers Exercise - What helps us communicate? 20 mins</p> <p><u>Individually</u> - Ask students to think for a minute <u>on their own</u> :</p> <ul style="list-style-type: none">■ about why it might be difficult for them to talk to someone about a personal problem (they may think of an occasion when they would have liked to talk but didn't - why was this?)■ about who they would talk to if they had a personal problem, (it could be a friend, relative, doctor, teacher or whoever). <p><u>Pairs</u> - Stress they do not have to disclose the person's identity but in pairs discuss (10 mins):</p> <ul style="list-style-type: none">- What are the attributes of this person?- Can they describe particular behaviours that this person uses? (ie. how is this person helping you to talk?) <p><u>Whole group - Feedback</u> about the above (10 mins):</p> <p>Students to write up on flipchart - what makes it difficult - what helps</p> <p>Tutors to try and get students to be specific about behaviours</p> <ul style="list-style-type: none">■ if they say good listener - how do they know the person is listening - what are they doing?■ How do you know if the person has really understood you - what do they do?■ if they say non-judgemental - how do you recognise non-judgemental behaviour?

Tutor input:**10 mins**

- From the list of skills - draw parallels with the doctor-patient relationship
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BREAK**15 mins****3. Finding out the patient's problem – peer role play exercise.****35 mins**

The aim is to find out : The patient's history and the patient's own 'story'.

- Ask students to get into 3s. One interviews, one is the patient and one observes. (There are 3 roles so each will get a chance to take a part).
- Ask the 'patient' from each group to come out of the room whilst you brief them about their role. In the meantime, the interviewers are to tell the observers what their objectives are, and if there is any particular

feedback they would like.

- Explain the rules of practice and feedback (you can stop it if you want, interviewer comments first, feedback to be constructive, what was effective as well as suggestions for other approaches).
- When they are ready, explain the observer should also be timekeeper and stop the roles at 5 minutes if it hasn't already stopped. Encourage the observers to jot down verbatim anything they would like to comment on. Then start.
- At the end of 5 mins have 5 mins feedback in the 3s (remind feedback order).
- Repeat process with next roles.
- Observe the groups from a distance and help if they are getting into difficulties.

If you prefer, these interviews can be done as a whole group with one student playing the role of the patient, one as the student and the others in the group as observers who will give feedback.

4. Closure

10 mins

- Acknowledge the artificiality if students comment on this.
- Take feedback on what they learned.
- Summarise, and remind them to think about what they can learn when they see health professionals communicating with patients in clinical settings.
- Offer to be around for a little while at the end, as sometimes people would like to talk further about anything that has occurred in the session.

Make a general comment at the end of the session that anyone with any questions can discuss them with you.

The Patient Centred Clinical Interview

(Adapted from McWhinney I. 1989)

Patient presents unwell

Parallel search of two content frameworks

Content

Process

Content

Disease Framework
“Health Professional’s Focus”
History/Assessment
Physical examination
Investigations

Skills:
Rapport: verbal & non-verbal
Question style: open to closed
Attentive listening
Empathy
Clarifying
Summarising

Illness Framework
“Patient’s Focus”
Ideas
Concerns
Expectations

Diagnosis

Understanding the patient

Integration
Problem - Orientated Medical Record
Management Plan

