

The Consultation 2: techniques and practice

In this session we will work on crafting a consultation in language people can understand.

It is well known that most people have major problems understanding technical or scientific information, and even people with some grasp of the subject often misunderstand what scientists say or write (cf. the majority of the SARS-COV2 news in mainstream media!)

Although western countries boast literacy rates of close to 100%, it is thought that the average reading comprehension age of adults is 12-14 years old, and scientific literacy is worryingly low in many sectors of the population. It does not make things easier that there is a gulf between the language scientists use, and that which the general public can understand. It is therefore vital to find the best way to express something so that the chances of a person understanding are sufficiently high that they will then be able to act on that information.

In a consultation, unless you know that the patient has a high level of understanding of the technical side of a topic, you should work on the basis that simpler is better.

We will first examine a few techniques that can be useful when conducting a consultation.

1. Signposting

This is a way of directing the conversation so that it avoids digressions and progresses naturally, so that the consultation accomplishes what it is supposed to do.

| Function | Example |
|---|--|
| To transition from the introduction to the information-gathering stage | <i>OK, can you tell me how it started?</i> |
| To outline the sequence of the consultation. | <i>First, we'll talk about your pain, then I will examine you, and then we can talk about ways to treat the problem.</i> |
| To transition from one topic to another | <i>Now that we've identified the problem, we can discuss treatment options.</i> |
| To explain a certain line of questioning | <i>Because this condition can be hereditary, I'd like to find out about your family history.</i> |
| To ask permission | <i>Is it OK if I ask you some questions about your lifestyle?</i> |
| To warn about sensitive questioning | <i>I need to ask you some personal questions if that's alright</i> |
| To begin the closure of the consultation | <i>I think I have everything I need ...</i> |

In this table you can see some examples of signposting expressions in the right-hand column, and the function that they fulfil on the left. You will notice that the structure of this type of sentence is relatively straightforward, and in the table below you will see exactly how to construct such sentences, by using an element from each column.

| 1st person expression | + | Verb phrase | + | Object |
|------------------------|---|----------------|---|----------------------------|
| Let me | | ask you about | | a few issues |
| Can I | | start with | | your general health |
| I need to | | discuss | | your lifestyle |
| I'd like to | | go back to | | your family history |
| I'm going to | | move on to | | some other possibilities |
| Is it OK if I | | look at | | your test results |
| I want to | | consider | | your symptoms |
| What I'd like to do is | | find out about | | some options for treatment |
| May I | | summarise | | your present condition |

2. Emphasising with BUT and DO

Sometimes it may be necessary to impart unpleasant information, or to say something which might upset a patient. In order to accomplish this in English we can use the emphatic auxiliary (do, have, be, or any modal verb like must or should). You can see some examples of how this structure works below.

Example

The patient is upset. He has to tell his partner about the test results.

*"I can see you're upset, but you really **DO** need to tell your partner about the results"*

Other auxiliaries

*"The blood test results are within the 'normal' range but I **AM** worried about your diet."*

*"You say you didn't get any calls but we **HAVE** been trying to contact you since yesterday."*

3. Question formulation

Since a major part of the consultation consists in asking questions, you should give a little thought to how you do so.

Compare these examples where the doctor wishes to know whether medication was taken as planned:

You didn't finish the course of antibiotics I prescribed, did you?

Did you finish the course of antibiotics I gave you?

The first question uses a question tag (did you?) which as you may remember tends to be rhetorical in English, indicating that the doctor does not really seek a reply, since (s)he already has a clear idea of the answer. The second question is a closed, yes/no question, but invites a reply. The term we would use to describe the first is a “leading question”, and since they effectively close down communication, they should be avoided.

Exercise 1 (answers below)

Reformulate these leading questions to remove the assumptions they contain, and present the patient in a positive light:

- a. And you've never experienced anything like this before?
- b. There's no history of cancer in your family, is there?
- c. You don't really think this is related to your back pain, do you?
- d. How much pain are you in?
- e. How often have you taken recreational drugs?
- f. When are you planning to have children?
- g. How often do you drink alcohol?
- h. And you don't have asthma or anything?
- i. What else are you worried about?
- j. What other health problems do you have?
- k. You aren't allergic to anything, are you?

4. Patient cues

Blushing, fidgeting, or avoiding questions suggest something the patient is reluctant to say without prompting. (Remember Balint's theory we mentioned last week).

Techniques to use

Probe – ask additional questions to further investigate a particular concern

Reassure – remind patient that the consultation is confidential, so they can openly share without fear of someone else finding out

Justify – explain why certain questions are relevant to the consultation

Acknowledge – indicate that you've understood what they've said and support them, especially if the information given is particularly sensitive

OET – The occupational test of English

To the best of my knowledge this is the only language certification in English for healthcare. You can get information on the website concerning its use. It was developed in Australia to assess the level of English of people who wanted to come and work in the country as doctors, nurses, etc. Later it was certified for use by the UK, Ireland and a number of other countries, and as of 2020 it is now accepted in the US. If you wish at some point to become a doctor in an English-speaking country, this is the test that you will probably be required to sit. It contains four parts, covering both written and oral expression and comprehension. You can find more information on their website:

<https://www.occupationalenglishtest.org/>

Today’s task will be based on the format that is usually required for the speaking part, and for doctors, this is generally a consultation

Task

Write a 5-minute consultation based on the scenario below. The two cards correspond to the roles that the patient (7A - left) and doctor (7B - right) would prepare for the OET speaking test.

The consultation should be in the form of a dialogue between the patient and doctor, and you can include visual details as you might see written in a screenplay or a theatre script. Avoid the narrative, novel or story format. Try to include examples of the points covered today.

Remember never to begin with ‘Why are you here?’. Go back to the examples in last week’s video for some more appropriate openings, should you need to.

You can work with a partner if you wish, and feel free to record and send it to me if you prefer a speaking roleplay exercise.

Scenario

| CARD 7A | |
|---------|--|
| Setting | Suburban General Practice clinic |
| Patient | You have a bull’s-eye shaped rash on your leg and you feel very tired, which is unusual because you do a lot of trail running without needing naps in the daytime. |
| Task | Show the doctor your rash, and explain your tiredness and aches. Ask about the long term |

| CARD 7B | |
|---------|---|
| Setting | Suburban General Practice clinic |
| Doctor | The patient is presenting a typically shaped rash which should alert you to the possible diagnosis. |
| Task | Greet and listen to the patient. Find out whether the patient could have contracted the disease by asking the appropriate questions. Outline treatment and follow-up |

ⁱ **ANSWERS:** a. Have you ever experienced anything like this before? b. Is there any history of cancer in your family? c. Do you think this is related to your back pain? d. Are you in any pain? e. Have you ever taken recreational drugs? f. Are you planning to have children? g. Do you drink alcohol? h. Do you have asthma or anything similar? i. Are you worried about anything else? j. Do you have any other health problems? k. Are you allergic to anything?