



Clinical Skills

Lecture no: 1

Title:

History Consultation



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وَقُلْ رَبِّ زِدْنِي عِلْمًا

Steps of good Consultation

- ① Close the door "privacy"
- ② hand hygiene
- ③ Introduction yourself
- ④ Build a good relationship with a patient
- ⑤ Explain what you will do? "permission"
- ⑥ Chaperone (If you are a male and dealing with female)

CSETC 1 – Structure of the Consultation

Every building needs a good structure – it is the same with the **medical consultation** الاستشارة الطبية

The Calgary-Cambridge guide gives detail of both the **structure and skills needed during a consultation**. Specific skills that help to build the structure of the consultation include **"signposting"** → Communication skills which makes the organisation of the consultation clear by saying what you will do or ask about next, and attending to the flow of the consultation by discovering all the presenting problems at the start of the consultation **(using screening)** and then moving through the different parts of the structure of the consultation.

The usual structure is:

- Introductions [Patient Profile]
- Presenting Complaint(s)
- History of presenting complaints
- Patient's perspective
- Past medical and surgical history
- Family history
- Drug history and allergies
- Social history

اولك
ياكد من التواصل السليم مع المريض
بم، احرك حو الشكوى

Beginning the consultation

Good beginnings make good foundations and good consultations. The start of the consultation is often called the **"golden minutes"** this is that time that you **can gain a lot of information to help with the diagnosis.** → The first few minutes since you see the patient

It is important to greet the patient, obtain their name and introduce yourself. Demonstrate interest, respect, attend to their physical comfort

There are many different ways to start the consultation but the most effective is to let the patient start by talking. To do this you can **ask a good opening question.**

What is a good opening question?

- How can I help today?
- Tell me what you have come to see me about
- So, over to you....
- Why have you come to clinic today?
- Nothing said (all implied in body language)

→ The most effective way of consultation

* النسبة، الارتفاع حوط

What percentage of the diagnosis is gained from taking a good history (finding out the patient's story)? **"80% of a diagnosis can be made on a careful history"** (Frankel 1984)

Problems often occur at the start of the consultation

- Interviews were likely to become dysfunctional if there were shortcomings in the first part of the consultation (Byrne and Long 1976)

المقابلة تكون محملة اذا كان هناك قصور في الجزء الاول
الجزء الاول "أحد الاربعة المرحلي"

يسمى الارقان
الذهبية، اولك
تصل على 80% من
المعلومات التي تحتاجها

* أهمية golden minutes

كثير من الاطباء يقاطعون مرضاهم بعد 18 ثانية من حديثهم بالأسئلة المفتوحة وذلك لاعتقادهم ان المشكله الاولى التي ذكرها المريض هي المشكله الرئيسية وهذا يساوي تقريبا 34 زيارة من 51 23% فقط من المرضى يكملون حديثهم في الاسئلة المفتوحة .

- Doctors frequently interrupted patients after starting their opening statement after mean time of 18 secs (only 23% of patients finished their opening statement) (Beckman and Frankel 1984)
- The longer the doctor waited before interrupting, the more complaints were obtained (34/51 visits the doctor interrupted the patient after 1st concern was expressed assuming the 1st complaint was the chief one)
- The order in which patients presented their problems were not related to clinical importance i.e. important to hear them all and prioritise

A slightly different way to start the consultation is to find out the patient's profile, personally I do not recommend this as it can make the patient feel that you are asking them quick short (closed) questions instead of building a relationship with them. These questions can be asked within the social history later in the consultation

طريقة بدء الاستشارة
معرفة الملف الشخصي
لن تبنى علاقة مع
المريض ، الأفضل ،
ان يكون الاطلاع على ملفه آرحطوة

The patient's profile:

* نوع الأسئلة تقريباً
• ترتيب الخطوات
• الصهارت المطلوبة لكل خطوة
كل سؤال تابع لذي خطوة

- Name
- Age – certain diseases are more prevalent at certain ages
- Gender – usually obvious!
- Occupation – important to know what their work is and what they actually do (eg working in the admin office in a cement factory is different to working in the factory breathing in the cement dust leading to silicosis). There are a number of occupational diseases. "employment"
- Martial status / children – can be helpful to know who is at home with the patient

← مثلاً
اذا كان حلاق ، رح
الوضع انه معه دسك

① نرك المريض يكي على راحه

② أسأله اذا كان هناك أعراض أخرى

Presenting Complaints

These are the symptoms that the patient has. As we mentioned the patient can have more than one problem.

Skills you can use include:

- Screening – asking if there is anything else
- Active listening – let the patient talk, don't interrupt
- Setting the agenda – deciding on which problem to focus on

أحدد المبرهن الي يحتاج ايه اركز عليه ، صل أتم بالقدم او أتم بالصدر

History of Presenting Complaints

This is the story of the symptoms, what has been happening. Finding out the time line, the order of events.

لن ترتيب الأحداث

Skills you can use include:

- Open to closed question cone – “tell me more about ...” to “where is the pain exactly?”. Closed questions are important to help rule out serious disease (red flag / alarm symptoms) and exclude differential diagnoses

- Active listening

← إصباح
• Clarification – checking you understand what the patient means and checking you have the sequence correct

- Summarising – repeating back to the patient the main points

تكرار النقاط الرئيسية

في التقاط الاشارات

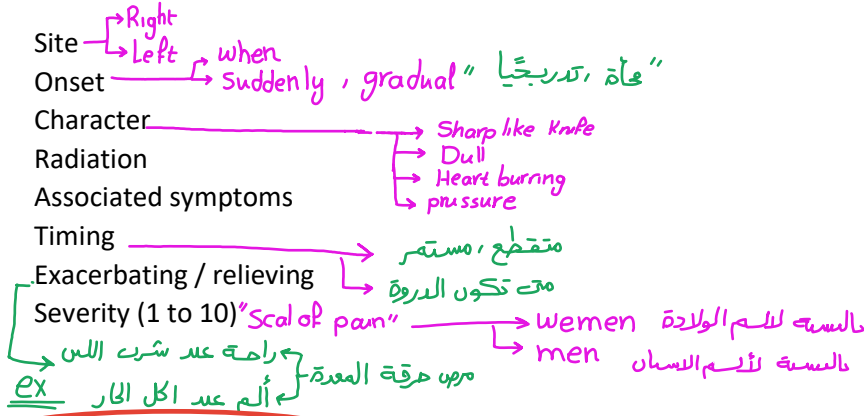
التعرف على القرائن / التلميحات اللفظية وغير اللفظية

- **Picking up cues** – recognising both verbal and non-verbal clues / hints

For the symptom of pain you can use the mnemonic SOCRATES to remind you of closed questions to ask. The skill is not asking again a question that the patient has already answered when they told you the story of their symptoms!!

• يمكن تصيغها فقط عند الألم

Remember **SOCRATES** is only for PAIN – if there are other symptoms then you need to ask other questions which you will learn more about when you learn about your specific systems (eg CVS, GI etc). A great phrase to remember is “tell me more” to encourage the patient to tell you more about their symptoms.



Patient's Perspective

While finding out the patient's story of their symptoms it's really helpful to find out their perspective of their disease. **I recommend asking the patient's perspective at this part of the consultation** because it is about their current symptoms. Different patients will have different ideas and concerns about their disease.

The mnemonic **ICE** can help you to remember the parts of the patient's perspective.

- Ideas
- Concerns
- Expectations

← ICE ←

↳ Fife

F feeling of the patient
I idea about complaint
F effects of complaint on function
e expectations

Skills you can use include:

- **Active listening**
- **Picking up cues**

Past Medical and Surgical History

* الاسئلة (*)
أهم الاسئلة

Open questions:

- * **Do you have any medical problems?**
- Do you take any medications for anything?
- Have you had time off work with illness?
- * **Have ever had any operations?**
- Have you attended hospital clinics or been admitted to hospital?

*** Do you have any chronic disease ?**

past surgical → have you visited the hospital before? / Did you have an operation?

Past medicine | any diseases / any medicine / any allergies / Have you ever been sick before? → مين وبعيها / متى

Closed questions relating to presenting complaint and PMSH:

- Have you had this problem before?
- Have you been in hospital with this before? What were you told?

Family History

Suggested opener: **Is there any disease that runs in your family?**

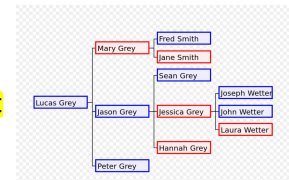
Closed questions:

- Are your parents alive? → If his parents death → "Show Empathy"
- How old are they?
- Do they have any chronic illnesses?

Further closed questions if there is any suspected genetic disorders:

- Ask about grandparents on both side of family, siblings of parents and their children.
- Ask about children of the patient – need to document **3 generations in a family pedigree.** Document sex, age and if affected or not with the disease.
- Ask specifically about the relationship to each other in marriage - consanguineous i.e. first cousin marriage
- Have there been any spontaneous abortions or miscarriages?

Draw out the family tree with oldest on the left to youngest on the right



Drug History and Allergies

Suggested opener: Do you take any prescribed medications?

كل الأسئلة مهمه ولارم سألها للمريض

Other specific closed questions:

- What's the name of your medication? (document generic name not brand name)
- What dose?
- How much do you take?
- When do you take it / how often?
- When did you start taking it?
- Do you have any side effects?
- Why do you take them?
- Do you take any over the counter or herbal medications?

DON'T FORGET TO ASK: Do you have any drug allergies? What happens?

Note - there is a difference between drug allergies versus side effects e.g. rash few hours after taking a specific antibiotic versus nausea

Social History

يمكن ان يكون متعمق مد الطويلة

This can be in depth from **childhood experiences**, current and past relationships, household... to just focusing on **lifestyle factors**.

- Occupation

- Smoking: Do you smoke? Have you ever smoked? (When did you stop?) How many cigarettes a day? For how many years?
- Alcohol: Do you drink alcohol? How much do you drink in an average week? Any signs of addiction or dependency: Need for a morning drink (eye opener)? Do you drink everyday? What would happen if you didn't drink for a few days?
- Travel: Have you travelled anywhere recently? What type of accommodation did you stay in? i.e. any risk of mosquito bites? Did you participate in any water related activities (tropical disease)?

social history :lifestyle of patients

- smoking 🚬 → "Packs years" عدد الكافيات لليوم × عدد السنوات
- IV drugs
- traveled or not >> may have coats and diseases
- alcohol 🍷 → كم مرة في الاسبوع
نوع المشروب
الكمية

وهيك انتهى التفريغ 🙄

لا تنسوننا من صالح دعائكم ✨

لا تَتَوَقَّفِ عِنَّمَا
تَتَعَبُ ..

تَوَقَّفِ عِنَّمَا
تَشْرَبُ

Peace