

## **CSETC 1 – Structure of the Consultation**

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

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” 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

### **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.

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)

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)

- 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.

The patient's profile:

- 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.
- Martial status / children – can be helpful to know who is at home with the patient

### **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

### **History of Presenting Complaints**

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

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
- Clarification – checking you understand what the patient means and checking you have the sequence correct
- Summarising – repeating back to the patient the main points

- 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!!

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.

Site

Onset

Character

Radiation

Associated symptoms

Timing

Exacerbating / relieving

Severity (1 to 10)

### **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

Skills you can use include:

- Active listening
- Picking up cues

### **Past Medical and Surgical History**

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?

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?
- 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?

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**

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)?