

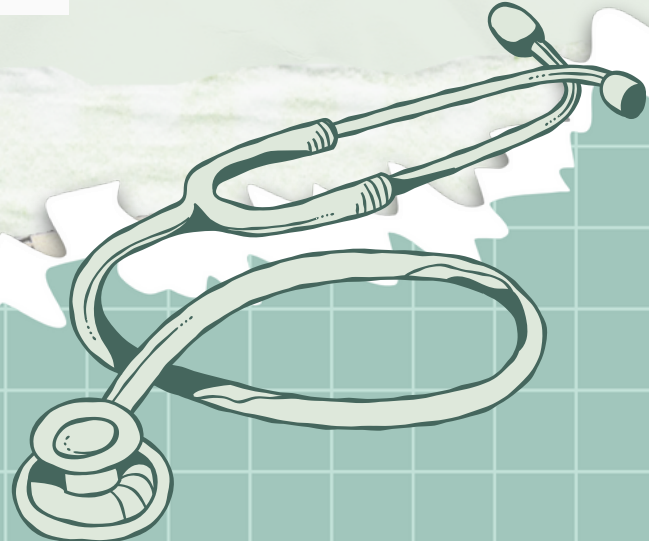


Clinical Skills 1

Title: STRUCTURE OF CONSULTATION

Done By: SALSABEEL ALHAWATMEH

وَقُلْ رَبِّ زِدْنِي عِلْمًا



STRUCTURE OF CONSULTATION

✦ THE USUAL STRUCTURE OF CONSULTATION:

1. Introduction
2. Patient profile
3. Presenting complaint
4. History of presenting complaint
5. Past medical history
6. past surgical history
7. Drug history and allergies
8. Family history
9. Social history
10. Patient's perspective



✦ INTRODUCTION:

1. Knock on the door.
2. Introduce yourself while doing hand hygiene.
3. Obtain the name of the patient.
4. Explain what you are going to do then Get consent.
5. Offer a chaperone.
6. Opening questions:
 - 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 PATIENT PROFILE:

1. Name
2. Age
 - Why asking about age?? Certain diseases are more prevalent at certain ages.
3. Gender
4. marital status and children.
 - helpful to know who is at home with the patient.
5. Occupation
 - There are several occupational diseases. Important to know what they actually do: working in the admin office in a cement factory is different to working in the factory breathing in the cement dust leading to silicosis.

IMPORTANT NOTES:

1. The start of the consultation is often called the "golden minutes".
2. Demonstrate interest, respect, attend to the patient's physical comfort.
3. Consent: موافقة المريض على طرح الاسئلة او على الفحص السريري او اي اجراء طبي
4. Chaperone: المرافق الذي يكون مع الطبيب اثناء فحص المريض
5. The chaperone is very important especially in case of male doctor and female patient.
6. 80% of a diagnosis can be made on a careful history.
7. 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.
 - Doctors frequently interrupted patients after starting their opening statement after mean time of 18 secs (only 23% of patients finished their opening statement).
 - 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 prioritize.

★ PRESENTING COMPLAINTS:

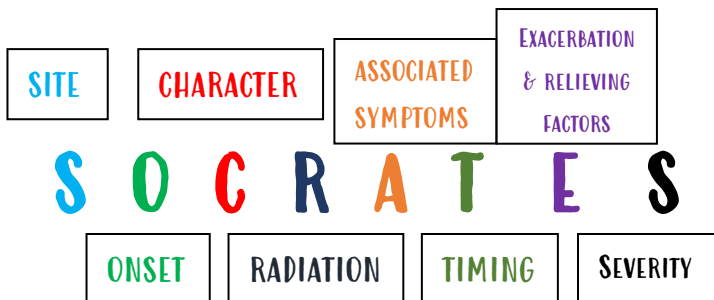
the symptoms that the patient has.
The patient can have more than one problem.
So, you can use the following skills:

1. Screening – asking if there is anything else.
هاي الخطوة مهمة لأنه ممكن المريض يكون عنده مشاكل اخرى بس ينسى يحكيها و اذا تذكرها متأخر راح تضطر تعيد من اول و جديد
2. Active listening – let the patient talk, don't interrupt.
3. Setting the agenda – deciding on which problem to focus on.
و هاي الخطوة تتم بالتشاور بينك و بين المريض مش انت لحالك تقرر شو المشكلة اللي رح تسأل المريض عنها

★ HISTORY OF PRESENTING COMPLAINTS:

the story of the symptoms, what has been happening. Finding out the timeline, the order of events.

1. Start with an open question: tell me more about your symptoms.
2. Closed questions by using SOCRATES.



Site: where is the pain exactly? Or ask:
Show me the exact site of the pain with your index finger.

Onset: when did this start? Then ask:
Did it start suddenly or gradually?

Character: describe the pain... is it sharp, dull, heavy...etc?

Associated symptoms: is there any symptom associated with the pain?

Timing: is the pain continuous or intermittent?
Then ask:

What time of the day?

Exacerbation factors: is there anything that increases the pain? Such as eating certain foods or sitting in certain position?

Relieving factors: is there anything that relieves the pain?

Severity: from 1 to 10, 1 is the least severity and 10 the highest severity, rate your severity of pain.

IMPORTANT NOTES:

1. Closed questions are important to help rule out serious disease (red flag / alarm symptoms) and exclude differential diagnoses.
لما بييجي مريض على العيادة و يشكي من الم في البطن مثلا انا كطبيب اة بفكر بعادة امراض ممكن تسبب بهاد الالم ف لازم نستنتي من هاي الامراض مشان نوصل لتشخيص دقيق قدر الامكان و هاد الاشئي يتم عن طريق ال closed questions طيب شو هم ال closed questions? هم الاسئلة اللي الها اجابة محددة و قصيرة ف مثلا لما نسال المريض عن مكان الوجع رح يجاوبني انه الوجع بالجهة اليمين من البطن مثلا اما بالنسبة لل open questions فهي الاسئلة اللي تكون اجابتها مفتوحة و نعطي مجال للمريض يحكي براحتة زي لما نحكي للمريض احكيلي اكثر عن الالم رح يصير المريض يحكي انه هاد الالم بلش من فترة يومين و يضايقتني لما اتحرك و حاس اني معي التهاب زائدة دودية مثلا فاحنا نلاحظ انه المريض حكي الاشياء اللي بتخطر على باله من غير ما نقيده بطبيعة الاجابة
2. Skills you can use during history of presenting complaints:
 - Open to closed question
 - Active listening
 - Clarification – checking you understand what the patient means and checking you have the sequence correct
 - Summarizing – repeating back to the patient the main points.
الافضل انه تلخص بعد كل خطوة شو النقاط الرئيسية اللي حكاها المريض و ما نترك التلخيص لآخر شي
 - Picking up cues – recognizing both verbal and non-verbal clues / hints
لازم ننتبه لتعابير وجه المريض لأنها ممكن تفيدينا بكثير اشياء زي مثلا مدى تأثير الالم على المريض او مثلا ممكن يكون المريض يببالغ بالالم او العكس و من خلال تعابير وجهه و لغة جسده نفهم انه المريض ما بيحكي الصراحة
3. 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).

✦ **PAST MEDICAL AND SURGICAL HISTORY:**

1. 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?
2. Closed questions: هون نسأل المريض فيما يتعلق بالمشكلة اللي هو جاي فيها عنا
 - Have you had this problem before?
 - Have you been in hospital with this before? What were you told?

✦ **FAMILY HISTORY:**

1. Is there any disease that runs in your family?
2. Closed questions:
 - Are your parents alive?
 - How old are they?
 - Do they have any chronic illnesses?
3. 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:**

1. Do you take any prescribed medications?
2. What's the name of your medication? (document generic name not brand name)
3. What dose? How much do you take? When do you take the drug? When did you start taking the drug?
4. Why do you take them?
5. Are there any Side effects?
6. Do you take any **over the counter** or herbal medications?
7. Do you have any drug allergies? What happens?

✦ **SOCIAL HISTORY:**

1. Occupation: هاي سألناها قبل بس مثلا اذا نسيت تسألها بالبداية عادي نسألها هون
2. Smoking

Do you smoke?

If the answer is yes:

How many
cigarettes a day?
For how many
years?

If the answer is NO:

Have you ever smoked?
(When did you stop?)

IMPORTANT NOTES:

1. **OVER THE COUNTER:** the drugs that the can be sold directly to the patient without medical prescription.
2. What is the difference between allergy and side effects?
تقريبا معظم الادوية لها آثار جانبية ممكن يتحملها المريض و يستمر على العلاج حتى لو كانت موجودة زي مثلا الغثيان او النعاس... الخ
اما الحساسية فتتطلب وقف فوري للدواء و البحث عن بديل و من الاشياء الدالة على حساسية من دواء معين هي الطفح الجلدي اللي يلاحظه المريض او الناس اللي حوالبه بعد فترة قصيرة من اخذ العلاج

3. Alcohol:

- Do you drink alcohol?
- How much do you drink in an average week?
- 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?

4. 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)?

✦ PATIENT'S PERSPECTIVE:

I C E

IDEAS:

نسال المريض عن افكاره عن حالته زي التشخيص و العلاج

ممکن افكاره تكون غلط فنحاول نصحها و ممکن تكون معقولة و تساعدنا في التشخيص النهائي

CONCERNS

نسال المريض اذا في اشئ خايف منه بخصوص الاعراض اللي عنده

EXPECTATIONS

نسال المريض هو شو يتوقع مني كطبيب اعمل اله

هل بده ايانئ اعمل اله فحوصات معينة او اعطيه علاج معين و امشيه عاليبيت او يتوقع مني اعمل عملية و هكذا

OR WE CAN USE

FIFE

Feelings, ideas, effect on function, expectations