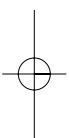
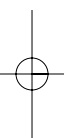


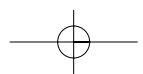
PART 1

INTRODUCTION

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The most important chapter in the book!

This book does not aim to teach you how to communicate. Its prime aim is to teach you how to pass the exam.

Very few candidates fail the exam because they are bad communicators in real life. They fail because they perform badly in the exam. In the same way that there are certain rules and actions that must be followed in order to pass a driving test, so must you be seen to do all the right things in your communication skills exam. Many students come out of the exam feeling the examiners didn't get a realistic idea of how they normally communicate.

Lets face it; you are being assessed on an everyday skill in an extremely artificial environment. You are given a fixed time to take a specific history from actor-patients (of varying authenticities) whilst two examiners look on. It's so artificial; no wonder people go to pieces. No matter how competent you are at talking to patients, you could still flunk the exam without a strategy.

The primary aim of this book is to teach you how to pass an unfair exam. Whilst the bulk of advice is given to help you score the necessary points to pass, hopefully the things you learn from it will rub off and help you be a better communicator.

HOW TO PASS

Avoid sure fail mistakes

An important point to be aware of is that candidates who fail, tend to fail themselves by doing something truly bad. This tends to happen in the heat of the moment, when panic sets in. We panic. We do something stupid. We fail.

An important aspect of the exam must therefore be to avoid doing sure fail things. If you avoid them you are halfway there.

Each section of the book will outline common pitfalls to avoid. We have illustrated them with examples so you may better understand why and how these pitfalls should be avoided. If you can see the consequence of saying something silly, you are more likely to remember not to do it.

There are some generic pitfalls that must be avoided at all costs.

Danger! Common pitfalls

- ✗ Not introducing yourself.
- ✗ Not checking a patient's prior knowledge.
- ✗ Use of jargon.
- ✗ Being rude or dismissive to a patient.
- ✗ Ignoring obvious cues that there is another agenda to be discussed.

These are all pretty straightforward really, but easily forgotten when nerves set in.

Have a strategy when you can't think of what to say

It is almost inevitable that at some point your mind will go blank and you won't know what to say next. Panic then sets in. The more you try to think of something the worse it gets. There are several things you can do when this happens. All of them will buy you extra thinking time and, since they are valid communication techniques, they may even get you extra marks!

1. Listening skills

Listening skills are an essential part of the consultation. In the exam we tend to feel uncomfortable if there is a silence, but allowing time for the patient to ask a question or respond to information is important. Also don't forget that the actor-patient will want to fill the silence and will do so if given the opportunity.

Sometimes listening can be augmented by encouraging the patient to carry on talking with encouragements such as: 'I see', 'Yes', 'Go on', etc. Do not be afraid of silence. The patient will talk if given the opportunity.

Doctor: How have you been feeling?

Patient: Terrible doctor. I have been having awful tummy pains.

(Panic sets in. You can't remember how to take a pain history.)

Doctor: I see.

Patient: Well it's low down and comes and goes.

(Silence)

It's a really crampy pain doctor.

Doctor: Go on.

Patient: I don't know what to do with myself when it comes on. Nothing seems to help.

(After a few seconds of thinking time this has prompted you to remember to ask about exacerbating and relieving features.)

Doctor: Does anything make the pain worse?

2. Recapping

Another trick if your mind has gone blank or you don't know what to say next is to recap. By going back over the patient's story, you are demonstrating that you have been listening. It offers the patient a chance to clarify anything you have missed. Often the patient will then pick up on something and direct your consultation for you.

Doctor: Let me just recap what you've been telling me, Mr. Hull. From what I understand you have noticed that you have been losing weight and you've found it difficult to swallow.

Mr. Hull: That's right doctor. What do you think it is?

This will hopefully prompt you to discuss possible diagnoses or ask a few more questions. Another technique with recapping is to ask if there is anything else the patient has noticed. Don't forget the actor-patient may give you extra information if you do this.

Doctor: Let me just recap what you've been telling me, Mr. Hull. From what I understand you have noticed that you have been losing weight and you've found it difficult to swallow.

Mr. Hull: That's right doctor.

Doctor: Have you noticed anything else that you think might be related?

Mr. Hull: I'm not sure if its relevant but I have been getting a lot of indigestion recently.

3. Reflecting

Reflecting back what a patient has said to you is a useful tool to buy you some thinking time if your mind goes blank. It is seen by the patient as encouragement to carry on talking and demonstrates that you have been listening.

Mrs. Scott: I've been feeling tired all the time doctor.

Doctor: *(Pause)* Tired all the time?

Mrs. Scott: Yes. I'm normally full of life but ever since I lost my husband I've had no energy.

4. Checking

Often when discussing complex or distressing issues with patients, it is important to stop and check how the patient is doing. It demonstrates empathy, gives you time to think, encourages dialogue and can help guide the consultation. It is an essential technique in breaking bad news but is very effective for when your mind goes blank.

Doctor: Now, that's a lot of information to take on board in one go, Mr. Hull. How has it left you feeling?

Mr. Hull: To be honest doctor I feel numb.

Doctor: It must be an awful shock for you.

Mr. Hull: It is doctor. What do we do now?

5. Medicines

If in doubt talk about medicines! Any history-taking scenario will require questions about medicines. Since all medicines have side-

effects, it is sensible to take a medicine history to see if any can account for the patient's presentation.

Know some facts

There is no easy way around this. You need to have a basic grasp of the relevant facts before you can communicate them. No short-cut here, you have to learn it. Although we cannot make you learn the facts we have provided you with relevant fact sheets covering essential information on each topic. This information is not exhaustive but will help you on the way.

Spend time with patients

A common comment we hear from examiners at Finals time is:

'You can tell after two minutes whether the student has spent time with patients at all'

The way you approach a patient, the level of discomfort you demonstrate, the rapport you develop are all tell-tale clues that the examiner picks up on. The rapport you build with a patient can sometimes direct how the consultation goes. If you are surly and the actor-patient takes a dislike to you, you may find the answers less forthcoming, with less information being spontaneously volunteered.

Don't forget. The reason most people want to become doctors is to help patients. Talking to patients is a privilege. Complete strangers trust us with their most private secrets, trusting us to try and help them. If you don't like spending time with patients, think carefully about why you are studying medicine.

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INTRODUCTION



Fig. 1.1 'If only they saw me talking to Mrs Bloggs last week! Then they would have seen how good I can be.' The examination is an extremely artificial environment; people often go to pieces.