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978-0-521-75590-0 - Good Practice Student's Book: Communication Skills in English for the Medical Practitioner

Marie McCullagh and Ros Wright

Table of Contents

[More information](#)

# Contents

## Introduction

page 6

### SECTION 1: INTRODUCTION TO COMMUNICATION

- Recognising the different elements that make up communication page 8
- Understanding how good communication benefits the patient interview

### SECTION 2: DEVELOPING LANGUAGE AND COMMUNICATION SKILLS FOR THE PATIENT ENCOUNTER

Unit	Communication skills	Language focus	Texts
<b>1 Receiving the patient</b> page 14	<ul style="list-style-type: none"> <li>• Greeting patients and putting them at ease</li> <li>• Introducing yourself and your role</li> <li>• Asking the opening question and setting the agenda for the interview</li> </ul>	<ul style="list-style-type: none"> <li>• Conveying warmth</li> <li>• Formulating the opening question</li> <li>• Language for setting the agenda</li> <li>• Phrases to facilitate, repeat and clarify</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li>• Patient questionnaire</li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>• Presentation: the importance of seating arrangements</li> <li>• Patients present their perspective</li> <li>• Receiving and greeting a patient</li> <li>• Asking the opening question</li> <li>• Setting the agenda for the interview</li> </ul>
<b>2 The presenting complaint</b> page 22	<ul style="list-style-type: none"> <li>• Encouraging patients to express themselves in their own words</li> <li>• Taking an accurate history of the presenting complaint</li> <li>• Asking about the intensity and degree of pain</li> <li>• Using techniques such as facilitation, repetition and clarification</li> </ul>	<ul style="list-style-type: none"> <li>• Using exploratory questions</li> <li>• Adjectives to describe types and intensity of pain</li> <li>• Patient speak: the suffix <i>-ish</i></li> <li>• Patient speak: phrasal verbs with <i>up</i></li> <li>• Facilitating the encounter: voice management</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li>• <i>Patient-centred approach to history-taking</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>• Using exploratory questions</li> <li>• Exploring the presenting complaint</li> </ul>
<b>DVD lesson 1: Patient-centred vs. doctor-centred approach</b>			
<b>3 Past medical and family history</b> page 32	<ul style="list-style-type: none"> <li>• Requesting the patient's past medical history</li> <li>• Discussing the family medical history</li> <li>• Taking effective notes during an interview</li> <li>• Writing an effective patient note</li> <li>• Summarising and structuring the interview</li> </ul>	<ul style="list-style-type: none"> <li>• Language to request the past medical history</li> <li>• Patient speak: common expressions to describe state of health</li> <li>• Expressions for signposting and summarising</li> <li>• Standard medical abbreviations</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li>• <i>Past medical history: the components</i></li> <li>• Patient note</li> <li>• Pedigree diagram</li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>• Conference presentation: the pitfalls of taking the PMH.</li> <li>• Taking a past medical history</li> <li>• Taking a focused past medical history</li> </ul>

Cambridge University Press

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Marie McCullagh and Ros Wright

Table of Contents

[More information](#)

Unit	Communication skills	Language focus	Texts
<b>4 The social history and telephone consultations</b> page 42	<ul style="list-style-type: none"> <li>Enquiring about the patient's social history</li> <li>Employing good telephone etiquette</li> <li>Ensuring an effective telephone consultation</li> <li>Summarising and checking information</li> </ul>	<ul style="list-style-type: none"> <li>Asking about lifestyle and environmental health</li> <li>Language for summarising and checking information</li> <li>Patient speak: common suffixes in medical terminology</li> <li>Expressions for consulting by telephone</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li><i>Telephone consultations</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>University seminar discussion on taking a social history</li> <li>Asking about occupational health</li> <li>Discussing lifestyle and environmental health</li> <li>Carrying out an effective telephone consultation</li> </ul>
<b>5 Examining a patient</b> page 52	<ul style="list-style-type: none"> <li>Preparing and reassuring the patient during an examination</li> <li>Explaining examination procedures</li> <li>Giving effective instructions in a patient-friendly manner</li> </ul>	<ul style="list-style-type: none"> <li>Indirect language for polite instructions,</li> <li>Patient speak: verbs and prepositions for giving instructions</li> <li>Effective intonation for instructions</li> <li>Softener: <i>just</i></li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li><i>Techniques of the trade</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>Giving instructions during a physical examination</li> </ul>
<b>DVD lesson 2: Taking past medical history, family history and carrying out the physical examination</b>			
<b>6 Giving results</b> page 60	<ul style="list-style-type: none"> <li>Explaining results in a way that patients can understand and remember</li> <li>Encouraging patients to express their fears and concerns</li> <li>Explaining medical terminology to a patient</li> <li>Giving a prognosis</li> </ul>	<ul style="list-style-type: none"> <li>Language for giving a diagnosis</li> <li>Phrases used to organise information</li> <li><i>do</i> for emphasis and confirmation</li> <li>Word stress for emphasis</li> <li>Language for explaining medical terminology</li> <li>Patient speak: colloquial questions for asking about prognosis</li> <li>Language of probability</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li><i>Jaundice</i></li> <li><i>Acute bronchitis</i></li> <li><i>Erythema nodosum</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>Explaining test results</li> <li>Organising information</li> </ul>
<b>7 Planning treatment and closing the interview</b> page 69	<ul style="list-style-type: none"> <li>Explaining treatments to a patient</li> <li>Discussing options</li> <li>Describing benefits and side effects</li> <li>Advising on lifestyle</li> <li>Negotiating treatment</li> <li>Closing the interview</li> </ul>	<ul style="list-style-type: none"> <li>How to negotiate a plan of action</li> <li>Language for making suggestions</li> <li>Phrases to explain advantages and disadvantages</li> <li>Patient speak: expressing likelihood</li> <li>Language for negotiating treatment</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li><i>The New Quit Guide, So You Want to Quit?</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>Outlining a treatment plan</li> <li>Describing possible treatment plans for hypertension</li> <li>Negotiating treatment with the patient</li> <li>Advising on lifestyle changes</li> </ul>
<b>8 Dealing with sensitive issues</b> page 77	<ul style="list-style-type: none"> <li>Broaching sensitive issues without bias and remaining non-judgemental</li> <li>Reading and responding to patient cues</li> <li>Employing question techniques: CAGE</li> <li>Writing concise and accurate notes</li> <li>Updating the patient note</li> </ul>	<ul style="list-style-type: none"> <li>Language to broach sensitive issues</li> <li>Identifying non-verbal patient cues</li> <li>Techniques for contextualising, reassuring and asking permission</li> <li>Patient speak: drug culture</li> <li>Ensuring specific and concise notes</li> </ul>	<p><b>Reading</b></p> <ul style="list-style-type: none"> <li><i>Reading cues</i></li> <li>Letter of referral</li> <li>Questionnaire: <i>Know your drink</i></li> </ul> <p><b>Listening</b></p> <ul style="list-style-type: none"> <li>Broaching sensitive issues.</li> <li>Discussing sexual and reproductive health</li> <li>Asking about alcohol consumption</li> </ul>

Cambridge University Press

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Marie McCullagh and Ros Wright

Table of Contents

[More information](#)

Unit	Communication skills	Language focus	Texts
<b>9 Breaking bad news</b> page 87	<ul style="list-style-type: none"> <li>Delivering bad news in a sensitive way</li> <li>Reassuring a patient or relative</li> <li>Showing empathy</li> </ul>	<ul style="list-style-type: none"> <li>Patient speak: expressions showing level of understanding</li> <li>Softening the question</li> <li>Language to deal with emotions</li> <li>Patient speak: talking about current knowledge of condition</li> <li>Voice management when communicating bad news</li> </ul>	<b>Reading</b> <ul style="list-style-type: none"> <li><i>A time to listen</i></li> </ul> <b>Listening</b> <ul style="list-style-type: none"> <li>Breaking bad news</li> <li>Preparing the patient for receiving bad news</li> <li>Dealing with emotions of an HIV patient</li> <li>Consulting with a relative by telephone</li> <li>Breaking bad news to a relative</li> </ul>
<b>DVD lesson 3: Breaking bad news</b>			

SECTION 3: INTERVIEWING DIFFERENT PATIENT CATEGORIES			
<b>10 Communicating with challenging patients</b> page 95	<ul style="list-style-type: none"> <li>Encouraging a withdrawn patient to speak</li> <li>Calming an aggressive or angry patient</li> <li>Asserting your role as a doctor</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing question types</li> <li>Using facilitative language</li> <li>Language to respond to body language</li> <li>How to validate emotions</li> <li>Patient speak: expressions to describe different emotional states</li> </ul>	<b>Listening</b> <ul style="list-style-type: none"> <li>Receiving an uncommunicative patient</li> <li>Interviewing an irritated patient</li> <li>Dealing with a manipulative patient</li> </ul>
<b>DVD lesson 4: Dealing with challenging patients</b>			
<b>11 Communicating with the elderly</b> page 102	<ul style="list-style-type: none"> <li>Carrying out an effective interview with an elderly patient</li> <li>Showing sensitivity and respect to an elderly patient</li> <li>Communicating with depressed elderly patients</li> </ul>	<ul style="list-style-type: none"> <li>Asking questions specific to the elderly</li> <li>Patient speak: collocations to describe conditions common in the elderly</li> <li>Language to show sensitivity</li> <li>Techniques for communicating with patients with hearing problems</li> <li>Simple choice questions</li> </ul>	<b>Reading</b> <ul style="list-style-type: none"> <li><i>Talking to the dying patient</i></li> </ul> <b>Listening</b> <ul style="list-style-type: none"> <li>Visualising life as an older patient</li> <li>Interviewing an older patient</li> <li>Interviewing patients with sensitivity and respect</li> <li>Consulting patients with hearing problems</li> <li>Student presentation: tool for assessing the ability to live independently</li> <li>Dealing with a patient with depression</li> <li>Assessing a patient with mental issues</li> </ul>
<b>12 Communicating with children and adolescents</b> page 112	<ul style="list-style-type: none"> <li>Establishing and developing rapport with a child</li> <li>Reassuring a child</li> <li>Gaining a child's consent to be examined</li> <li>Explaining procedures to a child</li> <li>Responding to a child's verbal cues</li> <li>Communicating effectively with an adolescent</li> </ul>	<ul style="list-style-type: none"> <li>Compliments for children</li> <li>Expressions to show empathy with <i>must</i></li> <li>Language for reassuring a child</li> <li>Child-friendly instructions</li> <li>Patient speak: bodily functions and body parts</li> <li>Techniques for communicating with adolescents</li> </ul>	<b>Reading</b> <ul style="list-style-type: none"> <li><i>Now I feel tall: What a patient-led NHS feels like</i></li> </ul> <b>Listening</b> <ul style="list-style-type: none"> <li>Interviewing young children and their parents</li> <li>Reassuring a young child</li> <li>Examining children and giving instructions</li> <li>Interviewing an adolescent patient</li> </ul>
<b>DVD lesson 5: Interviewing young patients and their carers</b>			

Role-play and other additional material

page 121

Audio scripts

page 137

Answer key

page 152

# Unit 1 Receiving the patient

## LEARNING OUTCOMES

At the end of this unit, you will be able to:

- greet patients and put them at ease
- introduce yourself and your role
- ask the opening question and set the agenda for the interview

## Lead in

As a group, share your thoughts on this quotation from a celebrated 19<sup>th</sup>-century physician:

*The kindly word, the cheerful greeting, the sympathetic look – these the patient understands.*

William Osler (1849–1919)

## Putting yourself in the patient's shoes

- 1 Prior to a consultation, some patients experience strong feelings of anxiety. Discuss reasons for this in small groups. Why might patients be even more anxious when visiting a hospital as opposed to a doctor's surgery<sup>1</sup>?
- 2a Think back to the last time you were a patient and do this questionnaire.

### Patient questionnaire

- 1 How do you feel when you enter a hospital as a patient?  
(Circle the best answer.)

Relaxed	Apprehensive
Unconcerned	Anxious
Relieved	Scared
Mildly concerned	Other _____

- 2 What generally lessens any concerns you may have on entering a hospital?  
(Place in order of importance, 1 = most important)

Administrative staff	<input type="checkbox"/>	Nursing staff	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Surroundings	<input type="checkbox"/>
Other _____	<input type="checkbox"/>		

- 3 Have you ever left a consultation more confused/frustrated than when you arrived? YES / NO
- 4 If YES, why?
- 5 What qualities do you appreciate in a doctor?

- b In small groups, compare your responses and then answer these questions.

- 1 How might the factors in question 2 of the questionnaire increase or decrease patient anxiety? Make a list.
- 2 How might the age, gender or physical appearance of a new patient affect a doctor's relationship with that patient?

<sup>1</sup>(US English) doctor's office

*The way you greet a patient can determine the rest of the consultation.*

Bickley (2003)

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[More information](#)**Think about**

... how you would feel about establishing rapport with a patient in English.

**3a** Take a couple of minutes to think about this and then rate your ability to do the following from 1 (*lacking in confidence*) to 5 (*highly competent*).

- 1 I can make the patient feel relaxed.
- 2 I can greet the patient appropriately.
- 3 I can set the agenda for the interview.
- 4 I can use an appropriate, welcoming tone of voice.

**b** Discuss your thoughts with the rest of the group and talk about the language you would use to do these things.**Establishing initial contact**

The setting for the patient encounter is very important.

**4a** ▶ 1.1 You're going to hear a communications expert talk about the importance of seating arrangements in a consulting room. Listen and choose the best seating arrangement: 1, 2 or 3.1 2 3 **b** ▶ 1.1 Listen again and answer these questions.

- Why does the expert suggest this arrangement is the best option?
- According to the expert, how far should you sit from your patient in the UK?
  - 3 feet (1 metre)
  - 9 feet (3 metres)
  - 5 feet (1.5 metres)
- What reason does the expert give for this?

**c** Discuss these questions with a partner.

- What do you think about the expert's suggestion regarding the distance between doctor and patient during an encounter?
- Why might a doctor draw his/her chair closer to a patient?
- What should a doctor consider when interviewing a patient in bed?

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- 5a** ▶ 1.2 You are going to hear two patients talking to friends about a recent encounter with their consultants<sup>1</sup>. Listen and tick the relevant column (Competent, Fairly competent or Needs improvement) to show to what extent the consultants are successful in establishing rapport with their patients.

Consultant 1 (outpatients)	Competent	Fairly competent	Needs improvement	Examples
1 He was able to make the patient feel relaxed and comfortable.				
2 He was able to greet the patient appropriately.				
3 He was able to use an appropriate, welcoming tone of voice.				
Consultant 2 (ward round)				
1 He was able to make the patient feel relaxed and comfortable.				
2 He was able to greet the patient appropriately.				
3 He was able to use an appropriate, welcoming tone of voice.				

- b** ▶ 1.2 Listen again and note examples (positive or negative) in the fourth column.
- c** In small groups, compare your findings and compile a list of points for the two consultants about how they could improve their technique. Share these with the group.

## Greeting and putting your patient at ease

- 6** ▶ 1.3 You are going to hear three doctors welcoming their patients. Where does each take place: in a GP's surgery, a hospital ward<sup>2</sup> or a specialist's office? How do you know?

<sup>1</sup>(US English) doctors

<sup>2</sup>(US English) hospital department

*The initial contact with the patient sets the foundation for the relationship. Be prepared to give your undivided attention. Spend enough time and energy on your greeting and the patient's response to achieve a level of comfort on the part of the patient.*

Bickley (2003)

- 7a** A doctor's initial contact with a patient should include four main objectives. Look at these phrases and give each set of objectives a heading.

Objective 1	Objective 2
<p>_____ <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Good morning, [Jenny], come in, take a seat ...</li> <li>• Good afternoon, Mr [Hanks], isn't it?</li> <li>• Hello, can I just check it's [Mr Wang]? We've not met before ...</li> <li>• [William Denby]? Hello. What would you prefer me to call you?</li> <li>• Hello, Ms [Kavanagh] ... Am I pronouncing it correctly?</li> </ul>	<p>_____ <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• I'm a student doctor<sup>1</sup> working with Mr [Donaldson].</li> <li>• My name is Dr [da Silva], I'm one of the registrars<sup>2</sup> on the ward this evening.</li> <li>• I'm Dr Janowicz. My colleague, Dr [Taylor], has asked me to come and see you about ...</li> <li>• Dr [Murad] has referred you to me for further investigations. My name is Dr Lozano and I'm ...</li> <li>• Hello, I'm Dr [May], the locum with this practice<sup>3</sup>.</li> </ul>
Objective 3	Objective 4
<p>_____ <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• I've come to have a little chat with you about ...</li> <li>• I'd like to spend five minutes with you to ask some questions if that's OK?</li> <li>• I wonder if we can chat for a few minutes about ...</li> </ul>	<p>_____ <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• If you don't mind, I'd like to take some notes as we talk.</li> <li>• Do you mind if [our student doctor] is present during our chat?</li> <li>• If it's all right with you, I'd like to have a listen to your heart.</li> </ul>

- b** Compare your ideas with the rest of the group.
- 8** Look back at the first sentence in Objective 3.
- 1 What effect might the phrase *have a little chat* have on the situation?
  - 2 In which situation(s) might you avoid using this verb when greeting a patient?
- 9a** ▶ 1.4 You are going to hear the beginning of a patient encounter. Listen and number the objectives in Exercise 7a in the order you hear them.
- b** What else does the doctor do to make the patient comfortable?
- 10** With a partner, practise greeting and introducing yourself to your patient.

<sup>1</sup> (US English) medical student

<sup>2</sup> (US English) residents

<sup>3</sup> (US English) Dr [May], covering for Dr [Franklin]

### Communication Skills

The following might be helpful:

'I'm Dr [name]. You've probably noticed I'm [nationality], so I apologise if I have to ask you to repeat anything. And please stop me if there's anything *you* don't understand.'

## Conveying warmth

- 11a** ▶ 1.5 You are going to hear two versions of two different patient encounters. Decide if the doctors sound welcoming or unwelcoming.

	Encounter 1		Encounter 2	
	Version A	Version B	Version A	Version B
welcoming				
unwelcoming				

- b** Compare your ideas with a partner. What helps you distinguish between a welcoming and an unwelcoming voice in English / in your own language?

- 12a** ▶ 1.6 Listen to and read these greetings. With a partner, decide what the context is for each one. How do you know?

- 1 Good morning, Mr Barker, isn't it? Your consultant asked me to come and see you.
- 2 Anya Kaplinski? You've come for your six-month check-up, I see.
- 3 [*patient knocks*] Hello? Come in? Sorry for the wait, Miss Staples, we're running a little late this morning.
- 4 [*doctor enters waiting room*] Mrs Khan?

- b** Repeat each phrase until you are satisfied that your voice sounds welcoming and has the right intonation. Your voice should rise on the underlined words.
- c** Take turns to read the greetings. Listen and decide if your partner sounds welcoming or unwelcoming.

- 13** Role-play these situations with a partner.

Student A: Turn to page 122.  
 Student B: Turn to page 128.

### Think about

... how you would ask the opening question in a patient interview in English.

- 14a** Look at this opening question. Think of two more ways of posing the opening question. Compare your questions with a partner.

What brings you here today?

- b** Why is the opening question so important in the patient interview? Discuss in small groups.
- c** Would you use these opening questions? Why (not)?
- 1 So, what's the problem?
  - 2 What's up?

#### Cultural awareness

Eye contact and a smile are generally accepted forms of greeting in the English-speaking world. What form of non-verbal greeting, if any, is considered appropriate in your country?

## Asking the opening question

**15a** Choose the most appropriate opening question(s) (1–10) for each scenario (a–e). (There may be more than one answer in each case.)

- 1 Your GP has explained the situation, but I wonder if you could tell me in your own words?
- 2 What would you like to discuss today?
- 3 Am I right in thinking you've come for baby [Killian's] routine check-up?
- 4 How are things with the [new tablets]?
- 5 What brings you here today?
- 6 Has there been any improvement since I saw you last?
- 7 How are you feeling today?
- 8 I have your notes from your doctor, but could you tell me what's been happening?
- 9 So, what have you come to see me about today?
- 10 So, how is [little Rhana] doing?

### Scenarios

- a First visit to surgery
- b Hospital round
- c Follow-up visit
- d Check-up for newborn baby
- e Following a referral

**b** Discuss your choices with a partner. Why are some questions more appropriate than others for each of the scenarios?

**16a** ▶ 1.7 You are going to hear more of the encounter with Mr Mahoney (see Exercise 11). Listen to the interview and answer these questions.

- 1 Which opening question does Dr Patel use?
- 2 What is Mr Mahoney's presenting complaint?
- 3 Was Dr Patel's opening question the most appropriate for this interview? Why (not)?

**b** As a group, rewrite Dr Patel's opening question to ensure a more appropriate line of questioning.

*Am I right in thinking \_\_\_\_\_?*

Note that Dr Patel could ask a follow-up question to ensure Mr Mahoney is able to express himself fully:

*Is there anything else you would like to discuss today / while you're here today?*

*Is anything else bothering you at the moment?*

*Do you have any other issues you'd like to address today?*

*It is easy to assume the patient has come for their routine check-up ... when in fact the patient has a more pressing or at least a second agenda to discuss.*

Silverman et al. (2005)

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[More information](#)

- 17** Other opening questions might also limit the patient's contribution. Look back at the opening questions in Exercise 15a and circle those which require a follow-up question.
- 18** Some doctors use body language instead of an opening question. Demonstrate to your group how you might open a session using body language only. Would this technique be appropriate in your country? Would *you* use this technique? Why (not)?

## Setting the agenda

The patient's opening statement is possibly the most important part of the interview.

- 19** Dr Patel refers Mr Mahoney to a consultant, Mr Swift. Read the opening statement that Mr Mahoney gives to the consultant, underline the important points and explain your choices to a partner.

**Mr Swift** I wonder if you could tell me in your own words what's been happening.

**Mr Mahoney** Well, yes, I'm sure you've got all this information, but ... my arthritis has been playing me up<sup>1</sup> a bit as usual – I'm having difficulty sleeping and I'm in some pain first thing in the morning. But it's the headaches that are really getting me down, they're so painful. Sometimes I've been sick<sup>2</sup> with them ... literally. I'm starting to have time off work now because of them. My wife's really worried. She's the one that insisted I go see Dr Patel.

- 20a** With a partner, list the benefits of allowing the patient to make an opening statement.

Examples: Enables doctor to hear patient's story.

Signals the doctor's interest in the patient.

- b** Compare your findings with the rest of the group.

- 21** ▶ 1.8 Listen and complete the consultant's next phrase to set the agenda for the rest of the interview with Mr Mahoney.

**Mr Swift** \_\_\_\_\_ the headaches that are really bothering you, \_\_\_\_\_ looking at those. \_\_\_\_\_ the arthritis later, if that's \_\_\_\_\_ . Is there \_\_\_\_\_ you want to discuss today?

<sup>1</sup>(US English) acting up, giving me trouble

<sup>2</sup>(US English and UK English) I've thrown up, I've vomited

### Out & About

If you are working in an English-speaking environment, listen out for the use of opening questions, as well as the speaker's tone of voice.

Compare your findings with the rest of the class next time you meet.

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[More information](#)**Language for setting the agenda**

Shall we / Let's start with [the headaches]?

Shall we start by discussing / looking at [the headaches]?

We'll come back to [the arthritis] later / after that.

We'll talk about [the arthritis] later / after that.

If that's all right / OK with you?

Does that sound all right / OK?

- 22** With a partner, choose a set of symptoms (a or b) and practise setting the agenda with the patient.

- a Recurrent headaches, ingrown toenail  
b Eczema, diarrhoea<sup>1</sup>

**Piecing it all together**

- 23a** Choose one of the situations from Exercise 13 and role-play the first part of the encounter with your partner.

Student A: Turn to page 123.

Student B: Turn to page 129.

- b** Swap roles. Choose a different situation and role-play the first part of the encounter as before.

**Progress check****Complete the Progress check for this unit.**

(1 = I need more work on this, 5 = I feel confident in this area)

Greeting the patient appropriately by:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| - introducing myself and explaining my role         | 1 | 2 | 3 | 4 | 5 |
| - obtaining the patient's preferred form of address | 1 | 2 | 3 | 4 | 5 |

Establishing rapport by:

- |                                   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|
| - using a welcoming tone of voice | 1 | 2 | 3 | 4 | 5 |
| - making the patient feel relaxed | 1 | 2 | 3 | 4 | 5 |
| - using appropriate eye contact   | 1 | 2 | 3 | 4 | 5 |

Posing an opening question that is suitable for the encounter

1 2 3 4 5

Setting the agenda for the interview

1 2 3 4 5

<sup>1</sup>(US English) diarrhea