

ABC of psychological medicine

The consultation

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The success of any consultation depends on how well the patient and doctor communicate with each other. There is now firm evidence linking the quality of this communication to clinical outcomes.

The dual focus—Patients are not exclusively physically ill or exclusively emotionally distressed. Often they are both. At the start of a consultation it is usually not possible to distinguish between these states. It is the doctor's task to listen actively to the patient's story, seeking and noticing evidence for both physical illness and emotional distress.

Involving patients—Changes in society and health care in the past decade have resulted in real changes in what people expect from their doctors and in how doctors view patients. In addition, greater emphasis has been placed on the reduction of risk factors, with attempts to persuade people to take preventive action and avoid risks to health. Many patients want more information than they are given. They also want to take some part in deciding about their treatment in the light of its chances of success and any side effects. Some patients, of course, do not wish to participate in decision making; they would prefer their doctor to decide on a single course of action and to advise them accordingly. The skill lies in achieving the correct balance for each patient.

A comprehensive model—The “three function” model for the medical encounter provides a template for the parallel functions of the clinical interview. This is now widely used in medical schools.

Starting the interview

Research has shown the importance of listening to patients' opening statements without interruption. Doctors often ask about the first issue mentioned by their patients, yet this may not be what is concerning them most. Once a doctor has interrupted, patients rarely introduce new issues. If uninterrupted, most patients stop talking within 60 seconds, often well before. The doctor can then ask if a patient has any further concerns, summarise what the patient has just said, or propose an agenda—“I wonder if I could start by asking you some more questions about your headaches, then we need to discuss the worries that your son has been causing you.”

Detecting and responding to emotional issues

Even when their problems are psychological or social, patients usually present with physical symptoms. They are also likely to give verbal or non-verbal cues. Verbal cues are words or phrases that hint at psychological or social problems. Non-verbal cues include changes in posture, eye contact, and tone of voice that reflect emotional distress.

It is important to notice and respond to cues at the time they are offered by patients. Failure to do so may inhibit patients from further disclosures and limit the consultation to discussion of physical symptoms. Conversely, physical symptoms must be taken seriously and adequately evaluated. Several of the skills of active listening are valuable in discussing physical, psychological, and social issues with patients. These skills have been clearly shown to be linked to recognition of emotional problems when used by general practitioners.



Visiting the sick woman, by Quiringh Gerritsz van Brecklenkam (c 1620-68)

Three functions of the medical consultation

1 Build the relationship

- Greet the patient warmly and by name
- Active listening
- Detect and respond to emotional issues

2 Collect data

- Do not interrupt patient
- Consider other factors
- Elicit patient's explanatory model
- Develop shared understanding

3 Agree a management plan

- Provide information
- Make links
- Appropriate use of reassurance
- Negotiate behaviour change
- Negotiate a management plan

Responding to patients' “cues”

Verbal cues

- State your observation—“You say that recently you have been feeling fed-up and irritable”
- Repeat the patient's own words—“Not well since your mother died”
- Seek clarification—“What do you mean when you say you always feel tired?”

Non-verbal cues

- Comment on your observation—“I can hear tears in your voice”
- Ask a question—“I wonder if that upsets you more than you like to admit?”

Aspects of interview style that aid assessment of patients' emotional problems

Early in the interview

- Make good eye contact
- Clarify presenting complaint
- Use directive questions for physical complaints
- Begin with open ended questions, moving to closed questions later

Interview style

- Make empathic comments
- Pick up verbal cues
- Pick up non-verbal cues
- Do not read notes while taking patient's history
- Deal with over-talkativeness
- Ask more questions about the history of the emotional problem