

You will need to be able to adapt your questioning strategy to find out the information you need. This requires familiarity with a range of question types and the ability to make a question more or less open.

Open questions allow the patient to speak more freely, to say what is on their mind. However, they may not always give you the information you need.

Closed questions require a more specific answer and are necessary when you want to get certain information from the patient. If you use closed questions all the time, however, you may not be giving the patient sufficient opportunity to say what is on their mind.

Examples of open and closed questions

Open questions	<i>Tell me more about the pain.</i>
	<i>Have you noticed any pattern to the headaches?</i>
	<i>Have you noticed anything else?</i>
	<i>What makes the pain worse?</i>
	<i>What is the pain like?</i>
Closed questions	<i>Would you like to tell me about it from the beginning?</i>
	<i>Does it hurt when you bend over?</i>
	<i>Is there a history of depression in your family?</i>
	<i>Do you drink a lot of coffee?</i>
	<i>Is it a sharp pain or a dull ache?</i>
	<i>Where exactly does it hurt?</i>
	<i>Is work very stressful at the moment?</i>
	<i>How often do you faint?</i>

Here are some examples of open and closed versions of questions on the same topic

Open question	Closed question
<i>What is the pain like?</i>	<i>Is it a sharp pain or a dull ache?</i>
<i>How have your periods been? Are you having any problems with your periods?</i>	<i>Are your periods heavier than normal, or more painful?</i>
<i>Have you noticed anything else? Do you get pins and needles anywhere else?</i>	<i>Do you get pins and needles in your feet as well?</i>
<i>Have you noticed any pattern to the fainting?</i>	<i>How often do you faint? Is it usually a similar time of day when you faint? Do you always faint after you have eaten a meal?</i>
<i>Has the pain changed over time? Have you noticed the pain varying at all?</i>	<i>Has the pain got worse?</i>
<i>What are you concerned it might be? It would help me to know what you think it might be.</i>	<i>Are you worried it might be cancer?</i>
<i>What do you think might be causing the stress?</i>	<i>Is work very stressful at the moment? Is home life very stressful at the moment? Are you under a lot of pressure at the moment?</i>
<i>I was wondering whether you had any ideas yourself as to why you might be suffering from depression?</i>	<i>Is there a history of depression in your family? Are you depressed about problems at home?</i>

There is a good deal of idiomatic language used to talk about health problems. Some of this language may be used from embarrassment (euphemistic language). A selection of idiomatic language is given here.

However, you should be aware that the use of idiomatic language varies considerably between people and between regions, so the language you will look at here is not comprehensive. If you do not understand what the patient has said, a useful expression is: *What do you mean by ...?*

I'm a bit **blocked up**. = constipated (could also be used when the nose is blocked with catarrh)

I haven't been able to **go** properly. = go to the toilet (*I haven't **been** for ages; I **went** four times in the night.*)

It feels a bit **funny** in the joint. = strange, not right

I have the **odd** cigarette, yes. = occasional

It only hurts **every now and then**. = sometimes

I haven't had any problems **down there** since I last saw you. = in my genital region

I've had some problems with **number twos**. = defecating

I haven't slept **a wink** this week. = haven't slept at all

The **waterworks** have been playing up. = urinary system

It's my **time of the month**. = menstruation

I get a sort of **twinge** when I bend over. = sharp pain of some kind

I've had a **dodgy** knee for years. = not working properly

Module 2, Section 2.2: Exploring the problem from the doctor's perspective

Role play instructions for doctors

Use the information below when you take part in the role play. Ask questions to obtain a history, summarise what has been said so far, and ask further questions to find out about the problem from your perspective.

You do not need to role play the whole consultation.

Role play 1

Earlier in the consultation the patient mentioned:

- Backache
- Frequent need to urinate

You want to rule out benign prostatic enlargement or prostate cancer so need to check the following:

- Patient's diet (red meat, fruit and vegetables)
 - Frequency and flow of urination
 - Blood in urine
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Role play 2

Earlier in the consultation the patient mentioned:

- Stomach ache
- Indigestion
- Vomiting

You want to rule out peptic ulcers so need to check the following:

- Smoking and alcohol
- Stress
- Dizziness
- Blood in vomit
- Thirst

Role play 3

Earlier in the consultation the patient mentioned:

- A persistent cough
- Loss of voice
- Breathlessness
- Fatigue
- Loss of appetite

You want to rule out lung cancer so need to check the following:

- Coughing up blood
 - Pain in chest or shoulder
 - Weight loss
 - Smoking
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Role play 4

Earlier in the consultation the patient mentioned:

- Difficulty in becoming pregnant
- Painful periods and backache
- Feeling faint

You want to rule out endometriosis so need to check the following:

- Difficulty and discomfort when urinating
- Bowel blockage
- Coughing blood
- Pain during sexual intercourse

Checklist

Did you remember to ... ?

1. ... use open and closed questions appropriately.
2. ... use echoing, checking and paraphrasing to confirm what the patient has said.
3. ... provide an internal summary of what has been said so far.
4. ... question the patient further to find out about the problem from your perspective.

Module 2, Section 2.2: Exploring the problem from the doctor's perspective

Role play instructions for 'patients'

The situation you are role playing occurs after the initial stages of the consultation, when the doctor is asking you more about your problem.

Use the information below when you take part in the role play. Make up any other details as necessary.

Role play 1

You have already told the doctor you are suffering from backache and a frequent need to urinate.

When asked, you should reveal the following:

- You can't think of anything that has caused the backache
 - The backache is a constant, severe ache
 - You need to go to the toilet every hour or so, a bit less at night, but still frequently
 - You find it difficult to go to the toilet due to poor flow of urine
 - You have not found blood in your urine
 - Your diet is high in fat and you eat lots of red meat. You don't eat much fruit or vegetables.
 - You don't know anyone in your family who has had any form of cancer
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Role play 2

Earlier in the consultation you have told the doctor about your stomach ache, indigestion and vomiting.

When asked, you should reveal the following:

- The stomach ache is like a cramp, above your belly button
- The stomach ache gets worse after eating
- You have been taking indigestion remedies for two weeks, but although they ease the pain, it comes back
- You have been sick twice in the last week
- You have not noticed any blood in your vomit
- You don't feel faint or dizzy
- You are often very thirsty
- You are a smoker and drink alcohol
- You have been finding your work very stressful recently

Role play 3

You have already told the doctor about the following symptoms:

- A persistent cough
- Loss of voice
- Breathlessness
- Fatigue
- Loss of appetite

When asked, you should reveal the following:

- You have coughed up blood once
- You haven't experienced pain in your chest or shoulder
- Your loss of appetite has not led to noticeable weight loss
- You are a heavy smoker

Role play 4

Earlier in the consultation you told the doctor that you are having difficulty in becoming pregnant, and that you are suffering from painful periods and backache, and that you have been feeling faint.

When asked, you should reveal the following:

- You have not had children previously
- You have been trying for a baby for two years
- You have never used the contraceptive pill
- You have always experienced painful periods
- The back pain gradually gets worse as the period approaches
- You haven't actually passed out
- You have difficulty urinating and it can be quite uncomfortable
- Your bowel movements are irregular and painful
- You haven't ever coughed up blood
- You haven't experienced any pain during sexual intercourse