Medical Teacher

ISSN: 0142-159X (Print) 1466-187X (Online) Journal homepage: http://www.tandfonline.com/loi/imte20

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To cite this article: J. E. THISTLETHWAITE (1999) Integrating communication skills and history-taking, Medical Teacher, 21:1, 83-84, DOI: 10.1080/01421599980093

To link to this article: http://dx.doi.org/10.1080/01421599980093

CARFAX

SHORT COMMUNICATION

Integrating communication skills and history-taking

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SUMMARY *In 1996 a community-based attachment was introduced in Leeds for third year medical students, to help improve their interaction with patients in the patients' own environment. The introductory session aims to help students integrate the communication skills they learnt in second year with the 'history-taking' skills they use in third year to improve their consultation skills. With the help of simulated patients, students begin to understand the importance of eliciting the patient's story, as well as medical symptoms. In this session the students realise that it is important to discuss personal and emotional topics with patients in order to understand the medical problem and that negotiation with the patient helps to improve the outcome of the consultation. The structure of the session is outlined, and the students' evaluation discussed.*

Introduction

One of the first clinical skills that students are taught is 'taking a history'. Students may fail to integrate history-taking with communication skills (Clack, 1994). Another common outcome of this process is that students, and subsequently junior doctors, have difficulty inquiring about patients' personal and psychosocial problems: a failing that has been commented on for the last 20 or more years (MacNamara, 1974; Duffy *et al.*, 1980; Cantwell & Ramirez, 1997). Medical students are not routinely taught to assess psychosocial factors during their clinical years (Williams *et al.*, 1997); these factors include information about family support, financial status, stresses in the patient's life, the effect of the illness on lifestyle and lifestyle on illness, as well as others.

In 1996 a short community-based teaching attachment was piloted for first year clinical students at Leeds University. In 1997 this 4-day placement in a general practice setting was offered to all students. To introduce the students to the objectives of the attachment I devised a 2 hour teaching session, held before the students first went to their practices.

The objectives of the attachment include:

- to understand how physical, psychological and social factors contribute to ill-health;
- to be competent in adopting a patient-centred approach to a consultation; and
- to elicit the patient's ideas, concerns and expectations.

Obviously, at this stage the focus is on introducing the students to these concepts and giving them the opportunity to practise their skills.

Method

Between eight and 24 students attend the introductory session, which is held several times a year. One or two students in turn interview a simulated patient, with the brief of taking a history in sufficient depth to plan a further course of action, e.g. examination, investigation and, for the students towards the end of the year, management. The other students observe the consultation via close circuit television.

The student then presents the history to the group of students in the presence of the simulated patient. The possible diagnosis is discussed and the other students are asked if they require any further information from the patient, which is then provided by the patient in role. Feedback on the student's performance is given in the standard way, with the students being invited first to comment. The simulated patient is also asked for his or her constructive feedback. All the students are then asked to join in a discussion of what should happen next.

The cases are such that without attention to exploring the patient's concerns and going into the social history in some depth, a full assessment of the problem cannot be made. For example, one patient is a publican complaining of having vomited blood the night before. He has a drinking problem, which has resulted in his wife leaving him. His father was an alcoholic. His worry is that any serious illness will jeopardise his livelihood.

Results

The students tend to adopt a disease-centred approach to the history, often missing psychosocial problems and non-verbal cues. At the end of the discussion on the history I ask them what they know about the patient's life. In the above case much of the social history is missing; on few occasions is the amount of the patient's alcohol intake fully appreciated. Students who discover the marital problem say they are reluctant to explore it in depth.

The history is revisited to gain a clearer picture of the patient's lifestyle and the effects of the problem upon it. Students are advised to be curious. The extra information gained is then helpful in planning management. The patient is involved in the treatment process rather than being told what will happen next.

Evaluation

The introductory session was evaluated as one part of the total community attachment. Relevant details are shown in

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0142-159X/99/010083-02 $9.00

Table 1. Student's evaluation.

Number of students undertaking community attachment=131 Questionnaires returned=107 (82%)		Number of students who attended the introductory session=113 Questionnaires returned=99 (88%)	
'I began to understand the importance of asking patients about their concerns':		'The introductory session was helpful':	
Strongly disagree	0	Strongly disagree	1
Disagree	0	Disagree	7
Ambivalent	4	Ambivalent	26
Agree	52	Agree	50
Strongly agree	51	Strongly agree	15

Table 1. From students' comments from the earlier part of the year, the session was shortened. Fourteen students felt that all should have the chance to role play: this is impractical in a short session. One student wrote: "The initial session was very useful in giving me confidence in talking to patients at the GP's surgery."

Discussion

While overall the community attachment is highly evaluated, the introductory session needs more work, and a longer term follow-up is planned. Students do need teaching about, and experience of, the importance of psychosocial factors in assessing patients' problems.

Notes on contributor

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