

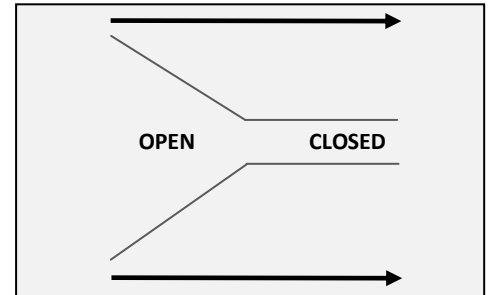
History Communication Skills

Start

- **WIPE**
 - Wash hands
 - Introduce self (full name, grade)
 - Patient's name & DOB & what they like to be called
 - Explain why you are there
- Briefly mention **confidentiality**
- Start with an open question (e.g. Ok Tim, what brought you in today?) and try not to interrupt patient's answer

During

- Start with open **questions** and progress to closed questions throughout the history
- Build a **rapport** with the patient (e.g. how was the birth?)
- Use **signposting**: mention what you've just covered and use it to link with what you want to talk about next (e.g. so you've told me your recent cough, next I'd like to talk about other medical conditions you have had in the past)
- Show **empathy**
- Respond to **cues!!!** It is really important to listen to what patients are saying, don't try and think of the next question
 - Cues may be verbal or body language
 - Comment on it e.g. you look worried
 - After you hear a cue, repeat it back to the patient and then ask more about it (e.g. you mentioned that sometimes you feel *down*, can you tell me more about that?)



End

- **Summarise** what you have talked about to the patient
- Ask if they have any **questions** for you
- Explain the next steps

Integrate Ideas, Concerns and Expectations

- **ICE** should be integrated throughout the history
 - Ask ideas and concerns about condition (e.g. it's been going on for a while now, is it worrying you?)
 - Ask expectations from consultation (e.g. was there anything else you were hoping to get from the consultation today?)

Other tips

- **NEVER...**
 - Ask leading questions
 - Give multiple answers/questions in one go
- **Other techniques...**
 - **Reflection**: reflect the heat back to the patient e.g. do you have any ideas about what's going on?
 - **Clarification** (e.g. what do you mean by *depressed*?)
 - **Normalise** (e.g. some people have thoughts of self harm or suicide, have you ever had any such thoughts?)
 - **Summarise**: if your mind goes blank, summarise the recent part of the history
- Don't be afraid of **pauses**, but don't fill them with ummmmm or errrrrrrr