



Lesson Plan: Asking About Current Symptoms Teacher Guide

Topic: asking a patient about current symptom

Timing: 45 minutes

Lesson type/focus: speaking, reading and vocabulary

Aims:

- **Speaking:** discuss patient interviews, practise a doctor-patient interview
- **Reading:** read for gist and specific information
- **Vocabulary:** learn and review functional language for a patient interview

Overview

The focus of this lesson is the patient interview and asking about current symptoms. The speaking activity introduces the topic and gives students the opportunity to share their ideas and experience. The reading activity practises reading for gist and specific information and provides input for the lesson. The vocabulary activity introduces/reviews some functional language that can be used in the final speaking activity where students practise a patient interview.

Note: This lesson supports the language introduced in the following:

- Course, '[English for Doctors](#)'
- Unit: 'Interviewing a Patient'
- Module: 'The patient interview' pages 3 and 5

Teaching notes and answer key

Part 1: speaking

Put students into pairs or small groups and ask them to discuss questions 1–4 on the student worksheet. Encourage them to share examples from their own experience.

Do whole class feedback to discuss and share answers.



Suggested answers

1. Why is it important to put the patient at ease before questioning?
to encourage open and honest answers particularly when dealing with embarrassing or sensitive issues
2. How can you put a patient at ease?
ensure privacy, small talk or normalising comments, gaining consent, be aware of non-verbal clues
3. What are the stages of a patient interview?
establish a comfortable environment
put patient at ease
identify reasons for hospitalisation or appointment
listen to patient carefully
ask specific questions about symptoms
agree a patient plan
close the interview by asking if patient has further questions
4. What should a doctor do before ending the conversation?
provide the opportunity for patients to raise any concerns or ask any questions.

Part 2: reading

A. Have students work individually, or in pairs, to read the text quickly and see if the points they identified in the speaking section are mentioned.

Do whole class feedback to discuss and share answers.

B. Have students work individually to read the text to find the answers to questions 1–6. Tell students to concentrate on finding the answers rather than any words they don't know at this stage. Then have them compare their ideas with a partner.

Go through the answers as a class.

Have students read the text through again individually and highlight any new words. Deal with any vocabulary queries.

Answers

1.B 2.A 3.B 4.C 5.A 6.C



Part 3: vocabulary

Have students work individually to complete the activity and then compare their ideas with a partner.

Go through the answers as a class.

Answers

1.f 2.a 3.b 4.c 5.d 6.e

Part 4: speaking

A. Read through the instructions together and make sure everyone is clear on what to do. Explain they have a few minutes to prepare before starting the role play. They should use the time to read the situation and write notes for themselves as both doctor and patient as they are going to swap roles.

For the doctor's notes they should think of questions they can ask and phrases they can use at each stage of the interview (ideas below). For the patient's notes they should think about the reason for their visit, their symptoms, some background history and anything else they want to ask about. Remind them that the language used so far in the lesson can be included in the role play.

Stage of interview	Notes and useful phrases
Normalising comment / small talk	<i>Did you have any trouble finding us today?</i>
Greet patient	<i>Hello Mr Perrett.</i>
Check form of address	<i>What would you like me to call you?</i>
Consent	<i>I'm going to do your patient interview with you now, is that OK?</i>
Opening questions / find out reason for visit	<i>What brought you here today?</i>
Acknowledge issues	<i>I'd just like to check that I have understood that correctly? You said that...</i>



Summarise	<i>So, you've come because it's starting to interfere with your sleep.</i>
Ask further questions	<i>I'd just like to find out a bit more about your headaches. Have you noticed any triggers? Anything that causes them?</i>
Patient plan	<i>So, what we are going to do next is...</i>
Close the conversation	<i>Are there any other questions you would like to ask or anything you would like me to repeat?</i>

B. When students are ready, start the role plays. Listen to the conversations noting down examples of good language use and any errors. Go through any examples after the discussion.

You could ask some of the pairs to perform their role plays for the class.



Student Worksheet: Asking About Current Symptoms



Part 1: speaking

Discuss questions 1–4 with your partner or group.

1. Why is it important to put the patient at ease before questioning?
2. How can you put a patient at ease?
3. What are the stages of a patient interview?
4. What should a doctor do before ending the conversation?

Part 2: reading

A. Read the text quickly. Compare your answers to the questions in the speaking section with the advice given in the text. Does it mention the same ideas you discussed?

B. Now read the text again to find the correct endings to complete the sentences 1–6.



The patient interview: asking about current symptoms

Before questioning patients about their current health and presenting complaint, it is important to put them at ease to encourage an honest discussion of symptoms. This is especially important when discussing sensitive issues or symptoms which patients find embarrassing.

Setting up the environment can be a challenge in a busy ward. However, it is worth taking the time to establish a comfortable environment for both patient and doctor. Privacy is sometimes difficult when interviewing patients in a multi-bay ward area. Nevertheless, patients have the right to expect confidentiality when speaking to their doctor. Drawing the curtains around the bed is the minimal requirement to ensure a modicum of privacy.

Consider non-verbal signals as well. It is best not to speak to patients from the end of the bed. Find a chair and sit at the patient's side. Avoid standing over patients, as this can be construed as threatening. Sitting on a chair at the same level as patients tends to reduce feelings of loss of control. It also helps patients participate in the interview more easily without worrying that patients in adjoining beds are able to hear what is being said.

To establish initial rapport with a patient, it is a good idea to try to be open and approachable. Patients who are obviously not at ease often respond well to a normalising comment or small talk, such as *Did you have any trouble finding us today?* Always greet patients with their title and surname, before checking their preferred form of address with them. Introduce yourself using your full name and role and explain the reason for the interview. Finally, ask for consent to interview the patient and take notes for the patient record. If consent is not given, the interview must be politely terminated.

The purpose of the initial phase of the interview is to identify a reason for the patient's attendance at the hospital. Be mindful of the fact that the patient's presenting complaint may not be the only reason for coming to hospital. Ask open questions which encourage the patient to set the agenda of the conversation. Remember that *How are you today?* is a greeting, not an open question. The patient's reply of I'm OK is a reply to the greeting, not a description of how they are feeling.

Listen to the patient carefully and without interrupting. Most doctors find it difficult not to interrupt patients, but it is essential to allow the patient to describe their symptoms in their own way. After the patient finishes talking, acknowledge any issues which have been raised without asking detailed questions at this point.



Summarise what the patient has told you as a way of ensuring that you have fully understood the patient's story. Empathise with the patient and put a name to stressful or upsetting situations. For example, *I imagine that coping with the aftermath of the car accident must have been very traumatic for you.* If you feel that more information is needed, it is appropriate to ask further questions at this point, perhaps funnelling questions which result in more details or facts. Open questions such as *Can you tell me a bit more about the type of pain you've been experiencing in the past week?* can lead to closed questions, such as *Is the pain only in your right shoulder?*

Doctors listen to the patient's own list of health problems or presenting complaints, as well as eliciting health issues during the consultation. Some patients omit information through embarrassment or simply because they are not aware that a symptom needs to be mentioned. This is especially true of elderly patients who erroneously believe certain symptoms are a result of the ageing process.

At this point of the interview, the doctor asks specific questions about each symptom, namely the location in the body, the severity of the symptom, triggers or aggravating influences on the symptoms and the duration of the symptom. An agenda is then negotiated with the patient regarding physical and possibly radiological examination and the management of the health issue or issues. Patients should be alerted to the need for referral to a specialist for further advice and given an expected time frame for future care.

Bringing the conversation to a close by asking patients if they have any questions to ask can be difficult because of time constraints. Despite this, it is extremely important that patients have the opportunity to voice their concerns or clarify any points of the discussion which were not understood. Be aware that most patients fail to retain much of the interview, especially if they are in pain or are feeling stressed.

1. In order to encourage patients to be open and honest about symptoms which may be embarrassing or of a sensitive nature, it is important to

- A. explain the importance of being truthful about all symptoms.
- B. establish a comfortable environment which is quiet and private.
- C. stress the fact that all discussions in hospital are confidential.

2. Doctors should be aware of the effect of

- A. non-verbal cues when communicating with patients.
- B. small talk when starting a conversation.
- C. verbal versus non-verbal communication when talking to patients.



3. It is essential that doctors _____ before asking them about their current symptoms.
- A. check patient's full name and date of birth
 - B. ask for consent from patients
 - C. ask for patient's old notes
4. By asking open questions, doctors encourage patients
- A. to put their symptoms in order of importance.
 - B. to be accurate about all their symptoms.
 - C. to talk freely about all the symptoms, they are concerned about.
5. A common mistake that many doctors make is to
- A. interrupt patients before they have explained all their concerns.
 - B. interrupt patients with meaningless small talk.
 - C. ask detailed questions at the beginning of the consultation.
6. Doctors should summarise patient information as this
- A. is what patients expect them to do.
 - B. shows patients that they are interested in what they are saying.
 - C. indicates whether the patient has been correctly understood or not.

Part 3: vocabulary

Match the sentence halves to make useful phrases for a patient interview.

1. I wondered if I could	a) you're talking, if that's OK.
2. I'll take a few notes while	b) I've got the correct picture of what's happening here.
3. Let me just go through what you told me to be sure	c) ask you a question about your family's health.
4. I'll talk to you about some tests in a minute, but I'd just like to	d) without doing some tests first.
5. I can't be sure what is causing your symptoms	e) before I take the blood sample?
6. Is there anything else you'd like to ask me	f) do your patient interview now.



Part 4: speaking

A. You are going to work with a partner and play the roles of a doctor and a patient in a patient interview. Before you start, make some notes that you can use when you play the doctor and the patient. Read the information and write some notes for both roles.

Doctor

You are the doctor on call in a Geriatric Ward, a patient has been admitted after suffering a fall at home. You conduct an interview to gather more information.

Make some notes in the box to help you prepare for your role as a doctor. Write some useful phrases for each stage of the interview.

Stage of interview	Notes and useful phrases
Normalising comment / small talk	
Greet patient	
Check form of address	
Consent	
Opening questions / find out reason for visit	
Acknowledge issues	
Summarise	
Ask further questions	
Patient plan	
Close the conversation	



Patient

Read the situation and make some notes to help you prepare for your role as a patient.

You are 76 years old, and you live alone. This morning when you were getting up, you slipped and fell on a piece of loose carpet while wearing your slippers. You were able to reach your phone to call an ambulance which brought you to the hospital.

You feel some pain in your hip, but you think it's just a bruise and would like to go home as soon as possible as you really don't like hospitals.

Reason for visit	
Symptoms	
Background information	
Other concerns	

B. When you are ready, practise the interview. Then swap roles and practise again.