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IPE Year 1 – Communication Skills Assessment

Reflective Account of Patient Interview

For the purpose of conducting the patient interview, I visited my designated interview area, the Pharmacy unit at Guy's Hospital, London Bridge, with my allocated partner, Ms. Kerry Layne, on the 22nd, November, 2002.

Purpose of the Interview

The interview was to serve as an opportunity for me and my partner to practice and observe the basic communication processes that are involved in such interactions. Through subsequent reflection and feedback, we hoped to identify the communication techniques that we were able to use effectively already, and, in addition, those that we may wish to develop further or change altogether in order to better the interaction process.

Note: Due to the setting of the exercise, we were mindful of the fact that, although the focus of the interview was not intended to refer to a medical context, it was probably inevitable that the subject of discussion during the interview would relate to one or more aspects of medicine.

The Interview

Ms. Layne and I established prior to the interview that a key component of establishing rapport was creating a favorable first impression, so I wore a collared shirt with a tie for the purpose of this exercise; however, I refrained from wearing a suit jacket because I was aware that a patient could be intimidated and made uncomfortable by an overly formal atmosphere.

Initially, we experienced difficulty in finding a suitable subject to interview, as most of those present were only expecting to wait for a short duration of time for the collection of their medications, and were therefore not overly enthusiastic regarding the prospect of a process which would probably prolong their stay at the hospital. In addition, many of those present were not actual patients – they were merely there to collect prescriptions for others.

However, we eventually located a patient who was willing to partake in the exercise. The patient was a middle aged, heavyset woman, who will be referred to as Mrs. X for the purpose of this account. I introduced us using a friendly tone of voice, with a slight, reassuring smile, gesturing to our student identification cards (which we secured to locations on our attire where they could be easily visible) to indicate that we were first year medical students at Guy's, King's, & St. Thomas' School of Medicine, and proceeded to explain the purpose of our visit as well as ask for her verbal consent to conduct the interview. She agreed readily. We then shook her hand in turn, a formal but necessary custom to further establish rapport and to properly initiate the interview process. She certainly appeared to be very friendly and willing to participate in the exercise.

Due to the lack of privacy in the immediate vicinity, we moved into an unoccupied seating area. The seats in the area were arranged in a row and fixed to the floor. We invited Mrs. X to sit down first, allowing her time to assume a comfortable sitting position before we seated ourselves such that I was positioned immediately in front of Mrs. X, and my partner to the side of her. This created a triangular formation, which we determined as the optimal seating configuration for both parties, because we were both allowed to speak to her with equal ease, and vice versa. In addition, such a formation allowed all three of us to maintain eye contact and utilize techniques of non-verbal communication, which would have been impossible had Ms. Layne and me arranged ourselves to sit on either side of Mrs. X, as she would only have been physically able to look at one direction at any single point in time. I also leaned slightly forward against the back of my chair to decrease the distance between us in order to immerse myself further in the communication process, and to show that I was enthused about the prospect of participating in the impending discussion.

As the interview process began, I felt somewhat apprehensive, due to the fact that I had never been involved in an interview of such a kind before.

I commenced the interview by asking Mrs. X about the specific nature of her visit. This was an open question, and was intended to eradicate any notion that suggested an interrogative mood about the questioning; it was also posed in such a way as to invite the patient to answer with a response that would be more elaborative than one that would be elicited by a closed question, therefore immediately increasing the extent of patient involvement in the development of the conversation.

It emerged that she, and most members of her immediate family, had a high blood cholesterol level due to genetic influences, and were therefore prone to coronary heart disease. On this particular occasion, she, and her

mother, who was also present in the seating area, was at Guy's Hospital for a routine examination, and had been referred to the pharmacology unit to collect their medications. She even further elaborated by discussing, without prior urging, the various prescriptions that she and her family had used throughout their lives, with surprising detail. It was evident, at this point, that rapport had been successfully established, as shown by her willingness to discuss such personal family matters. As she was answering the question, I listened attentively and ensured that I maintained eye contact whenever possible. I also nodded occasionally to acknowledge her and to encourage her to continue with her response.

It is worthy of note that her tone of voice during the aforementioned discussions was very calm and evenly paced, and not highly pitched at all, with every indication that her emotional state was highly stable, despite the private and potentially sensitive nature of the subject matter.

However, she was noticeably more upset when she discussed her brother's recent heart attack, made evident by a higher pitch in her voice and a faster pace of speech. I expressed empathy by offering comments such as "That must have been difficult for you." Such comments were suitable in the circumstances to portray myself as one who respected the way she felt about the issue, yet assume a non-judgmental stance about it.

As the interview progressed, my confidence in my ability to conduct the interview grew in stature, as I became more familiar with the way in which the interview was developing. Also, Ms. Layne and I proceeded to ask more closed questions, such as "Were you satisfied with quality of care you received today?" and "How long did you have to wait for the doctor to see you?"

Mrs. X responded to the former question with a typically short, answer, as expected - indeed, she seemed to be exceptionally satisfied by the quality of medical care she had received at Guy's Hospital, not merely on this particular occasion, but throughout the past, and her change in tone indicated as much, from that observed during her discussion of her brother's heart attack, to that attributed to her satisfaction with the hospital's continual good treatment of her.

In order to conclude the exercise, my partner summarized the content that was covered during the interview. I thought this an appropriate way to complete the interview because it allowed us to show her that we understood the information that she divulged to us in confidence.

We officially ended the interview process by shaking her hand in turn and thanking her for her time. By and large, I thought the interview had been successfully conducted in that we had been able to complete most, if not all, of the objectives that were defined during the corresponding IPE briefing session.

Feedback and Reflection

After the interview, we reviewed the way in which we both performed individually, and in tandem, during the exercise. We both agreed that she effectively controlled the direction and pace of the conversation, as we often allowed her to elaborate into subject areas that were not originally inquired about. Otherwise, my partner deemed my communication skills to be adequate. However, on further reflection, I felt that, at times, I had exhibited disrespect to the patient by interrupting and completing responses for her before she finished speaking (one of McKay's twelve blocks to effective listening), because I had been able to anticipate her response ahead of time and, in addition, because I wished to introduce another topic to the conversation.

At the end of the interview, the patient expressed that she had enjoyed the conversation, and, although this may simply appear to be gesture of courtesy, it is likely that she found our communication techniques to be sufficiently satisfactory at the least.

Relevance for Future Practice

I considered this exercise to be an invaluable learning experience and very relevant for future practice, as a good doctor must be able to communicate effectively with his or her patients in order to establish a good working relationship, and this is dependent on his or her ability to establish and maintain rapport, to demonstrate empathy, and to close a consultation.

In addition, despite the fact that the interview was not a real doctor-patient consultation by any means, it nevertheless provided a practical introduction to working in a clinical setting.