

# Introduction to clinical life

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# The clinical encounter

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**At its simplest, it is the means by which people who are ill, or believe themselves to be ill, seek the Advice of a doctor whom they trust.**



**The clinical encounter is conducted face to face, although non-face-to-face or remote consultation using the telephone or digital technology is possible and increasingly common.**

# Reasons for the encounter

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**The majority of people who experience symptoms of ill health do not seek professional advice.**



**For the minority who do seek help, the decision to consult is usually based on a complex interplay of physical, psychological and social factors.**

# Reasons for the encounter



The perceived seriousness of the symptoms and the severity of the illness experience are very important influences on whether patients seek help.



The anticipated severity of symptoms is determined by their intensity, the patient's familiarity with them, and their duration and frequency.

# Reasons for the encounter

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Beyond this, patients try to make sense of their symptoms within the context of their lives.



They observe and evaluate their symptoms based on evidence from their own experience and from information they have gathered from a range of sources, including family and friends, print and broadcast media, and the internet.

# Reasons for the encounter



Patients who present with a symptom are significantly more likely to believe or worry that their symptom indicates a serious or fatal condition than non-consulters with similar symptoms.



Patients also weigh up the relative costs (financial or other, such as inconvenience) and benefits of consulting a doctor.

# Reasons for the encounter

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The expectation of benefit from a consultation – for example, in terms of symptom relief or legitimization of time off work – is a powerful predictor of consultation.



There may also be times when other priorities in patients' lives are more important than their symptoms of ill health and deter or delay consultation.



It is important to consider the timing of the consultation.

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- Reasons for the encounter

## 1 Deciding to consult a doctor

Perceived susceptibility or vulnerability to illness  
Perceived severity of symptoms  
Perceived costs of consulting  
Perceived benefits of consulting

## 2 Triggers to consultation

Interpersonal crisis  
Interference with social or personal relations  
Sanctioning or pressure from family or friends  
Interference with work or physical activity  
Reaching the limit of tolerance of symptoms



# Reasons for the encounter

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A range of cultural factors may also influence  
help-seeking behavior

## The clinical environment



**You should take all reasonable steps to ensure that the consultation is conducted in a calm, private environment.**



**The layout of the consulting room is important and furniture should be arranged to put the patient at ease by avoiding face-to-face, confrontational positioning across a table and the incursion of computer screens between patient and doctor**



**Personal mobile devices can also be intrusive if not used judiciously.**

## The clinical environment



For hospital inpatients the environment is a challenge, yet privacy and dignity are always important.



There may only be curtains around the bed space, which afford very little by way of privacy for a conversation.



If your patient is mobile, try to use a side room or interview room.



to patients at their bedside, let them know that you understand your conversation may be overheard and give them permission not to answer sensitive questions about which they



A



B

# Opening the encounter

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It is important to start to establish a rapport with the patient.

This involves greeting the patient and introducing yourself and describing your role clearly.

The way you dress is important; your dress style and demeanour should never make your patients uncomfortable or distract them.

# Opening the encounter

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How you address and speak to a patient depends on the person's age, background and cultural environment.

Go on to establish the reason for the encounter: in particular, the problems or issues the patient wishes to address or be addressed.

## Gathering information



The next task of the doctor in the clinical encounter is to understand what is causing the patient to be ill: that is, to reach a diagnosis.



History taking, physical examination and investigation where appropriate



Fear of the unknown, and of potentially serious illness, accompanies many patients as they enter the consulting room.

# Gathering information

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**Plain language is essential for all encounters.**



**Active listening is a key strategy in clinical encounters, as it encourages patients to tell their story.**



**Encourage the patient to talk freely.**



**Non-verbal communication is equally important.**



## Handling sensitive information and third parties

- Confidentiality is your top priority.
- Ask your patient's permission if you need to obtain information from someone else.
- If the patient cannot communicate, you may have to rely on family and carers to understand what has happened to the patient.
- Tell third parties that you can listen to them but cannot divulge any clinical information without the patient's explicit permission.

# Managing patient concerns

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Identifying their disease alone is rarely sufficient to permit full understanding of an individual patient's problems.

In each encounter you should therefore also seek a clear understanding of the patient's personal experience of illness.

# Managing patient concerns



**Patients may even be so fearful of a serious diagnosis that they conceal their concerns.**



**Do not assume that the medical diagnosis is always a patient's main concern.**



**The ideas, concerns and expectations that patients have about their illness often derive from their personal belief system, as well as from more widespread social and cultural understandings of illness.**

# Showing empathy



**Being empathic is a powerful way to build your relationship with patients.**



**Empathy is the ability to identify with and understand patients' experiences, thoughts and feelings and to see the world as they do.**

# Showing empathy

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- Being empathic also involves being able to convey that understanding to the patient
- Empathy is not the same as sympathy. which is about the doctor's own feelings of compassion for or sorrow about the difficulties that the patient is experiencing.
- **BE EMPATHIC NOT SYMPATHIC**

# Showing cultural sensitivity

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Patients from a culture that is not your own may have different social rules regarding eye contact, touch and personal space.

Appreciate and accept differences in your patients' cultures and beliefs.


When in doubt, ask them.

## Addressing the problem

Communicating your understanding of the patient's problem to them is crucial. It is good practice to ensure privacy for this, particularly if imparting bad news.



Ask the patient who else they would like to be present .



Check patients' current level of understanding and try to establish what further information they would like.

# Addressing the problem



Try to acknowledge and address the patient's ideas, concerns and expectations.



Check the patient's understanding and recall of what you have said and encourage questions.



After this, you should agree a management plan together.



## Concluding the encounter



Summarizing the important points that have been discussed during the consultation. This aids patient recall and facilitates adherence to treatment



Any remaining questions that the patient may have should be addressed.



Finally, you should check that you have agreed a plan of action together with the patient and confirmed arrangements for follow-up.

# Alternatives to face-to- face encounters



The use of telephone consultation.



telephone consultations are shorter, cover fewer problems and include less data gathering, counselling/advice and rapport building.



They are therefore considered to be most suitable for uncomplicated presentations.

# Alternative s to face- to-face encounters



Telephone consultation with patients increases the chance of miscommunication, as there are no visual cues regarding body language or demeanour.



The telephone should not be used to communicate bad news or sensitive results



It is even more important to listen actively and to check your mutual understanding frequently.

# Alternatives to face-to- face encounters

- Email or web-based applications.
- This is not yet widely seen as a viable alternative to face-to-face consultation, or as a secure way to transmit confidential information.
- Telemedicine (using telecommunication and other information technologies) may be the only means of healthcare provision for patients living in remote and rural areas.

# Professional responsibilities

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From your first day as a student, you have professional obligations placed on you by the public, the law and your colleagues, which continue throughout your working life.



Patients must be able to trust you with their lives and health, and you will be expected to demonstrate that your practice meets the expected standards



they will value highly your ability to demonstrate kindness, empathy and compassion.

# Professional responsibilities

## 1.3 The duties of a registered doctor

### Knowledge, skills and performance

- Make the care of your patient your first concern
- Provide a good standard of practice and care:
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence

### Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

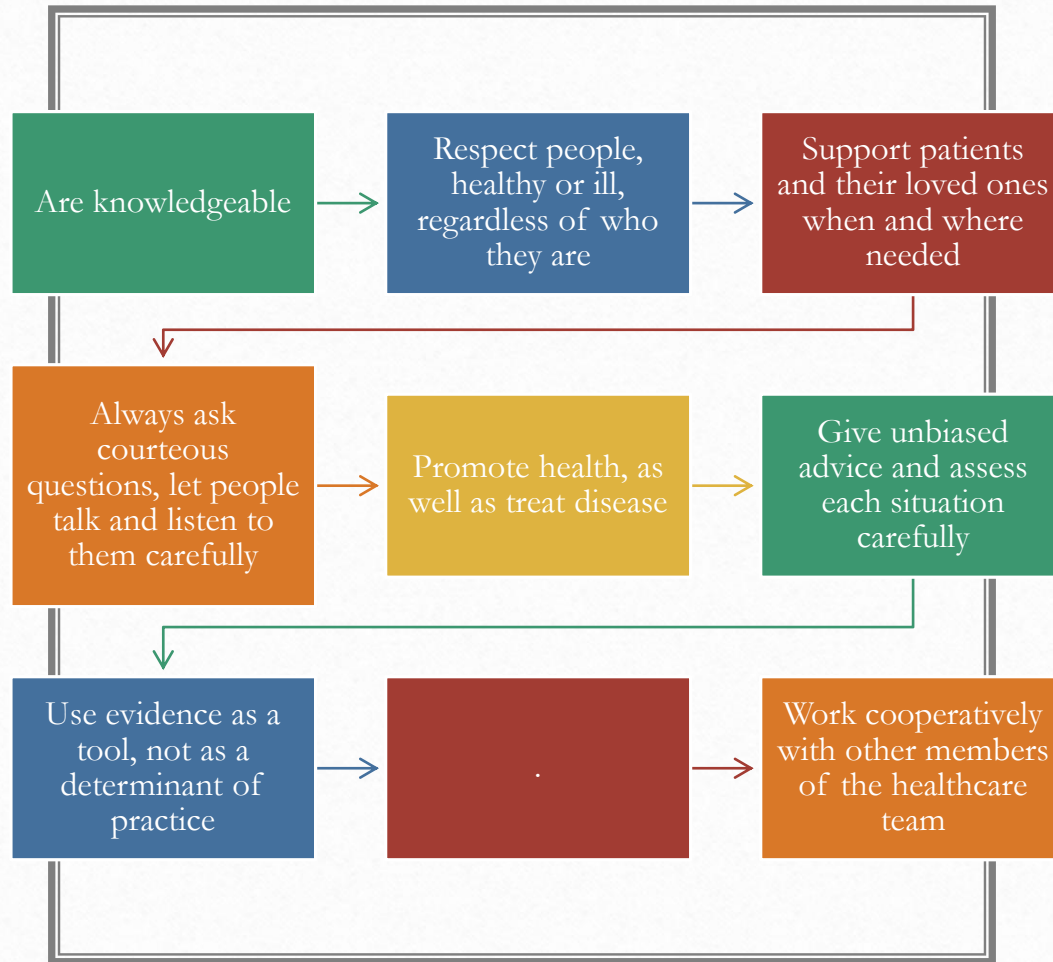
### Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity:
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients:
  - Listen to, and respond to, their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Work with colleagues in the ways that best serve patients' interests

### Maintenance of trust

- Be honest and open, and act with integrity
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the profession

*Courtesy General Medical Council (UK).*



Fundamentally,  
patients want  
doctors who:

# Professional responsibilities

let people participate actively in all decisions related to their health and healthcare

humbly accept death as an important part of life, and help people make the best possible choices when death is close

Are advocates for their patients, as well as mentors for other health professionals, and are ready to learn from others, regardless of their age, role or status



# Professional responsibilities

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- One way to reconcile these expectations with your inexperience and incomplete knowledge or skills is to put yourself in the situation of the patient and/or relatives.

When  
you are  
dealing  
with  
patients,  
always  
consider  
your



A: attitude – How would I feel in this patient's situation?



B: behavior – Always treat patients with kindness and respect.



C: compassion – Recognize the human story that accompanies each illness.



D: dialogue – Listen to and acknowledge the patient

## Confidentiality and consent

As a student and as a healthcare professional, you will be given private and intimate information about patients and their families.

This information is confidential, even after a patient's death.

Always obtain consent before undertaking any examination or investigation, or when providing treatment or involving patients in teaching or research

# Social media



Through social media, we are able to create and share web-based information.



However, they also have the potential to expose doctors to risks, especially when there is a blurring of the boundaries between their professional and personal lives.

# Social media

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- If patients contact you about their care or other professional matters through your private profile, you should indicate that you cannot mix social and professional relationships and, where appropriate, direct them to your professional profile.

## Personal responsibilities

You are in a privileged professional position that you must not abuse.

Do not pursue an improper relationship with a patient, and do not give medical care to anyone with whom you have a close personal relationship.

You must first take care of yourself. If you think you have a medical condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, consult your general practitioner.

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**Thank you**