

## Some Example Phrases when Consulting

Here are a few phrases for different parts of the consultation. You can add your own phrases for each section, noting words and phrases that are helpful and with which you feel comfortable. Also, you can delete any phrases that you do not feel are suitable for your own style of consulting.

Stage of Consultation	Example Phrases
The very beginning	Start with silence (after introduction and welcome) What would you like to talk about today? How have things been going since we last met?
Active listening Encouraging the patient's contribution	Tell me more... I see... yes... right...mmm... go on... etc If you treat it as a story when did it all start? Could you explain more about it? What do you mean by...?
Responding to cues Acknowledging emotions	You appear to be in a lot of pain ... That must be really hard for you ... Is it something that you want to discuss with me? You seem very ... upset/frustrated/angry/annoyed/ambivalent/negative/elated. You mentioned about ...
Establishing patient ideas  <i>Use "What ..." questions</i> <i>Avoid "Why ..." questions</i>	What thoughts have you had about what might be causing your symptoms? I just wonder what ideas you have had about what it might be? What do you think is happening? Some people with X are concerned it might be a tumour ... (pause expectantly) Some patients have theories about what might be going on, have you thought ... 'I hope it's not...'? What's your brain been telling you?
Establishing patient concerns	What were you worried it might be? Is there something at the back of your mind that you are thinking about? Have you looked it up on the web? What did you Google? What is it that particularly concerns you about X? What is the worst thing you think it might be?
Establishing expectations and the patient's agenda	What were you thinking we could do about it today? Is there something in particular that you were hoping we might do for it today? What else have you thought about? What did you do last time?

Exploring patient's health understanding/knowledge	<p>You mentioned lumbago? What do you mean by that?</p> <p>You mentioned that you thought you might be depressed. What do you understand by depression?</p> <p>What do you know about X?</p> <p>Please put me right if I am wrong but I get the impression that ...</p>
Obtaining social and psychological information to enable the doctor to put the complaints in context (holistic approach)	<p>How is this affecting your job/life?</p> <p>How has it made you feel?</p> <p>How is it having an impact on what you are doing?</p> <p>How is it affecting you as a ... (builder)?</p> <p>What have you being unable to do due to your symptoms?</p> <p>How has this problem restricted what you can do?</p> <p>Help me to understand ...</p>
Touch and go empathy	<p>You have an awful lot to cope with.</p> <p>I think most people would feel the same way.</p> <p>You've clearly been through a lot.</p> <p>I appreciate it's been a difficult time for you.</p> <p>It sounds a very difficult situation.</p>
Information gathering	<p>I need to ask you a few more questions if that's okay ...</p> <p>Would you mind if I ask you a few more questions to clarify things?</p> <p>Can I ask few more specific questions?</p> <p>If I could ask some questions to get a grip on how this is affecting you. How do you feel about the future, with things looking so gloomy do you ever consider ...?</p> <p>(Start with open questions, move to closed questions, avoid leading questions.)</p>
Signpost that you want to move into management planning	<p>Can we ... have a chat about what can be done to make things better?</p> <p>It is okay ... if we move onto the options available to us to make things better?</p> <p>Shall we ... explore some of the ways we can approach this?</p>
The doctor's explanation incorporates some or all of the patient's health beliefs	<p>I think you're right; the most likely diagnosis is X.</p> <p>You mentioned that you thought you had Y. I think that's unlikely because of Z and it's more likely that you have X.</p> <p>We usually find that people with your symptoms have X rather than Y which you suggested earlier.</p> <p>There are number of possibilities ...</p>
Reinforcing that the patient is already managing their problem well.	<p>You are doing the right thing by using moisturising cream, and I think you should continue with that. But just now it may be helpful to add a steroid cream for a short time.</p> <p>Lozenges are the best thing for this type of sore throat, carry on using them. Also, you may find hot drinks helpful.</p>

<p>Involving patients in management options</p>	<p>What thoughts have you had about how we could treat/investigate your problem?</p> <p>There are a few things we could try ...</p> <p>There are various things that can help, for example, a cream, tablets. What would you prefer?</p> <p>There are couple of ways to approach this and they are A and B. What would you prefer?</p> <p>The options are a, b, c. What do you think is the best thing for you?</p> <p>The advantages and disadvantages of each option as I see it are ... Which option would you prefer to follow?</p> <p>I agree, I think that seems very reasonable.</p> <p>My main concern with that option is ... and I wonder if we would be better to do ...</p> <p>What ideas have you had about things you might be able to do to help with the situation?</p> <p>Have you already thought of some ideas that may help?</p> <p>I could give you a leaflet... or a prescription... perhaps I could see you in a week ...</p> <p>Perhaps in a week or two you could come back and see me?</p>
<p>The doctor takes steps to enhance concordance, by exploring and responding to the patient's understanding of the diagnosis and treatment.</p>	<p>We've discussed a lot of issues. So that I'm sure I've made myself clear perhaps you could tell me what you understand by how we going to treat things.</p> <p>We've covered a lot of ground... just so I know that I've explained things adequately to you, could you tell me what you have understood and what we'll do now?</p> <p>When you get home and your partner asks about treatment, what are you going to tell them?</p> <p>Ok, so what's our plan?</p> <p>Just to make sure that we both have understood things could you recap what we have discussed today?</p> <p>There are a number of possible diagnoses and I just want to check that you've understood what they might be.</p>
<p>Ending when not all items on the list have been covered</p>	<p>We've run out of time today.</p> <p>Can we meet again soon to discuss the other items?</p>
<p>Ending with <b>positive statement</b></p>	<p>We'll see you in a couple of weeks if things aren't settling, but hopefully things will settle of their own accord.</p> <p>I am always happy to review if it gets worse, but I think you will be better by next week.</p> <p>Do come back if this persists, but I think nature will sort it out within the next week or so.</p>
<p>Other ...</p>	

## Word Order: explaining

Diagnosis → Justification

When we state our diagnosis and then justify the reasons, if the patient does not agree then they will not be listening to our explanation. Instead they will be getting ready to challenge the diagnosis.

~~Eg I think you have migraine **because** you have pains only on the left of your head, you have some visual disturbance, my examination is normal...~~

Summary of evidence → Diagnosis

When we lay out our reasoning, leading to a conclusion, the patient will usually listen carefully, and will often anticipate the diagnosis.

Eg You have some flashing lights and then pains on the left of your head, and my examination does not show any serious signs which might indicate a tumour ... so it **seems** that this is a migraine.

## Word Order: safety netting

The last thing that is said is often received by the listener as being particularly important. Compare:

~~"These tablets should sort it out, but if you do not get better, then come back next week."~~

"Do come back if you do not recover, but I think these tablets should sort the problem."

The second version leads to fewer people returning, because the **last thing** that is said is a **positive** expectation that they will recover.

## Explanations – some examples of useful phrases

Eczema	It's an inflammation of the skin which sometimes flares up. Moisturising cream is the most important, but when it is bad like this, a steroid cream is helpful, just for a week or so.
Chronic conditions eg eczema, asthma, arthritis	The underlying problem remains, but there is a lot we can do to ease the symptoms.
Viral self limiting diseases	As you know, viruses go away on their own. There are several things you can do to help feel better while it is going away... Treatment is mainly to help symptoms; the virus will go away on its own. This often/usually gets better in a week or two.
No Cure, Terminal Illness	I don't think this will get better, but there is a lot we can do to keep you as comfortable as possible.
Keep explanations short, rather than the whole page from a medical book	Fungal infections are caused by a yeast which <del>under certain conditions</del> <b>sometimes</b> flares up. <del>Yeasts are ... blah blah...</del>
Avoid medical jargon	<del>On examination</del> I do not find any worrying signs. Having listening to your story and examined you, I am pleased to say I do not find any signs of X but I think it is Y.
Explaining Genetic Problems	<b>Variation</b> or <b>variant</b> , rather than <del>mutation</del> or <del>mutant</del> <b>Changed</b> or <b>altered</b> , rather than <del>defective</del> or <del>damaged</del> <b>Condition</b> , rather than <del>disease</del> <b>Person with a condition</b> , rather than <del>carrier</del> or <del>sufferer</del> <b>Chance</b> or <b>likelihood</b> , rather than <del>risk</del>
My personal phrases ideas	