

EFFECTIVE PRECEPTOR SERIES

Asking Difficult Questions in a Patient Encounter Provides Great Teaching Opportunities

A STEP-WISE APPROACH TO THE PATIENT ENCOUNTER

Using The Information “On The Door”

To prepare for the patient encounter, encourage your student to use all available patient information.

- The age of the patient, chief complaint and any additional information, such as the patient’s companion and a preference to stay dressed for the interview is readily available from the staff member rooming the patient.
- This staff member can also ask for the patient’s permission for a student to be present.
- Discussing the chief complaint with the student will help prepare both of you.
- The student may have his/her own discomfort with certain patients and clinical situations. This can, and should, be addressed prior to seeing the patient together.

Teaching The Student How To Read Between The Lines And Make The Best Of The Doctor/Patient Relationship

It does not take long after the introductions to glean the general tone in the exam room and the patient’s non-verbal cues.

- Does patient appear hesitant during discussion? Asking your patient why she is worried can uncover misperceptions that can interfere with patient care (i.e. patient feels weak and believes that if she has her blood drawn it will not be replenished).
- Does patient appear tearful or sad? Commenting on disposition can give her the opportunity to share if she is just having a bad day versus showing signs of depression.
- Does the patient fidget, laugh nervously, and avert her eyes when certain questions are asked? Does

she look to her companion to answer questions? Does this person answer for the patient or refuse to leave the room for the exam?

- Encouraging your student to address all questions to the patient and to redirect her companion’s responses back to her for confirmation may be necessary, though time-consuming. This sends a strong message to the patient that this is her visit.
- Additional questions may be asked if/when patient is alone. It is reasonable to ask the companion to step out during the examination. If this is not feasible, a follow-up phone call may be helpful.
- If you suspect domestic violence, a great deal of tact is needed so as not to provoke retaliation against the patient when she returns home. It is best to involve the social services staff for assessment and follow-up action plan, if/when the patient is ready.

Getting The Needed Information

Respecting a patient’s cultural and societal norms is important, but so is providing comprehensive care.

- The student should begin the interview with open-ended, but straightforward and relatively innocuous questions. This makes the patient comfortable in placing her trust in your health care team. This also gauges the patient’s comprehension level and guides the complexity of questions asked.
- It is important to ask medical, gyn, social histories both in the presence and absence of a minor’s parent. There can be crucial portions of the patient history that the teenage child may not be aware of yet. There is the possibility that a minor may omit important information from the sexual and/or social history in the presence of a parent.

- Developing comfortable wording and order for the history, and using this order regularly will help the student include the crucial questions. Proceeding from the least to the most sensitive topic will allow the questioning to become as routine as “When was the last time you had a physical exam?”
- A student’s query for quantity of alcohol or tobacco use will communicate openness to the idea that a teen drinks alcohol, and may result in a more honest response.
- Most women who use alcohol at risk levels have no signs on physical examination. A detailed medical history obtained by a trusted clinician remains the most sensitive means of detecting alcohol abuse.
- Preceding a question by “many women experience this” validates the patient’s situation and allows her to not feel alone with her problem.
- It is OK for the student to say “What do you mean?” or “Tell me more.”

Handling The “Oh, By The Way”

Sometimes patients do not share the real reason for a visit until after they have assessed their health care provider’s competence and approachability.

- It is important for the student to validate the patient’s concern and a desire to address it.
- If it is feasible to repeat a portion of the exam or add another test, the patient will be most appreciative and you will model your commitment to excellent patient care.
- Sometimes it is not possible to fit another five minutes into a packed schedule. Letting the patient know that her concern will be addressed thoroughly at a specific later time will reassure her, and keep you and

your student on time.

Documenting Confidential Information

After the patient encounter, it is often valuable to discuss with your student what sensitive information to include in the clinical record for an accurate visit summary that also maintains confidentiality.

- Any current information or information pertinent to patient's ongoing care should be thoroughly documented.
- Many institutions have a designated procedure for handling dictations and medical records labeled "confidential" by the provider. Awareness of electronic medical record systems that include patient/proxy access to the medical record is important prior to documentation of sensitive matters.
- The patient should know what will be included in the record, and that she has the right to review and request an amendment to the record.
- Parents of minor patients generally do not have access to the child's records, but will be sent a financial summary, which may include an itemized statement of services.
- The student should know what to do when a patient wishes to review her medical record.

Debriefing Students After A Patient Encounter Involving Sensitive Information

A great teaching opportunity lies in discussing your thought process in gathering sensitive information with the student.

- Is there another/better/more comfortable way to have asked that question?
- Is there another way to react to a response? What would you do next time in a similar situation? Such thoughtful inquiry will, invariably, enhance your practice and relay to your student an openness to continue learning.
- What barriers do you or the student identify in providing a patient's care? Is the patient

hostile, non-compliant or dishonest? Can the student put himself/herself in the patient's shoes and understand why the patient acted this way?

- A helpful approach is a calm request for the patient to restate or elaborate on a question; or a non-defensive explanation of advice and recommendations, supported by scientific evidence, with acknowledgment that the patient will make her own choices.

Summary

Each patient encounter in obstetrics and gynecology has the potential of involving an easily teachable approach to asking difficult questions.

- Such questions can be asked with an increasing level of comfort with experience and repetition.
- The step-wise approach to asking questions, as shown in this pamphlet, will help develop your own strategies to be emulated by your students.
- Remember: The best advice is a good example!

HELPFUL QUESTIONING STRATEGIES

Teaching students to follow certain strategies when asking sensitive questions will make them more comfortable obtaining the necessary history appropriate for the patients' concern. Following are some examples to share with your student:

Incontinence

- How is your general health? Are you able to do the things you always have, and if not, why not?
- Are you able to urinate and have bowel movements without difficulty?
- Many women experience a bladder leak when coughing, laughing, hurrying to the bathroom or during sex. Does that ever happen to you?
- What precipitates a leak?
- What type of protection do you require?
- What treatment, if any, have you tried for this?

Sexuality

- How is your general health? Are you in an intimate relationship?
- Do you have sex with men, women or both?

- Do you or your partner have any concerns about your sexual health?
- Do you experience pain or discomfort during sexual activity?
- Are you sexually active and, if so, what type of contraception do you use?
- If you use no contraception, are you trying to become pregnant?
- If the patient is sexually active, but declines contraception and is not trying to conceive, she may be in a same-sex relationship. Ask!
- Use inclusive language with all patients and neutral terms such as "partner" or "spouse" rather than "boyfriend" or "husband" when a patient's partner status is unknown.
- How many partners do you currently have or have had in the past? Have your previous partners included men, women or both?

Sexually Transmitted Infections

- Ask the same questions as in Sexuality, above.
- Some sexually transmitted infections do not have obvious symptoms and screening is a good idea. Do you have any concerns about sexually transmitted infections? Would you like screening today?
- Do you use condoms consistently? Use of condoms for sexual intercourse can protect against some infections but, unfortunately, not against HSV and HPV.
- The latter is a very common infection, which may lead to genital warts, abnormal Pap smears and cervical cancer. Have you ever had an abnormal Pap?
- There is a vaccine to protect against HPV. Would you like to know more about the vaccine?

Domestic/Sexual Violence

- Who lives at home with you? Do you feel safe at home?
- Many women, from all walks of life, are hurt by someone close to them. Have you ever been physically or sexually hurt by someone?
- If yes, obtain the details, including by whom, what type of abuse, when it last occurred, previously reported, etc.
- Abuse is never right and is never the victim's fault. Would you like to talk with a counsellor about getting some help?
- Is it safe for you to return home today?

Are your children being hurt? Child abuse must be reported.

- What are your plans? Do you wish to leave the situation at this time?

PRECEPTORS MODEL BEHAVIOR TO STUDENTS

Consider The Following Situations...

- Your usually “bubbly” pregnant mom has bruising on her abdomen and upper arm.

- Your elderly patient blushes when telling you she worries about a bladder infection because she sometimes can’t make it to the bathroom.
- Your teen patient is concerned about a lump on her vulva.

There are many situations in which a patient shares sensitive information, expecting to be treated competently, with dignity and without judgment.

Your role is to show students how to elicit a thorough history, despite potential discomfort, embarrassment or concern about offending the patient. This pamphlet is designed to help you effectively model this process to your students.

How many times have you heard a former student, now a resident or fellow practitioner, use the exact words you use to question a patient?



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This publication is part of the APGO Effective Preceptor Series – a group of pamphlets intended to educate practitioners and learners about the apprentice system or preceptorship. The quality of learning that occurs in an established relationship between the teacher and the student often meets the challenge of educating physicians in today’s chaotic health care environment. It allows doctors in training to practice as much like doctors as good medical practice will allow, and it provides a setting in which some of the best medical education in our nation takes place.

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