

SUMMARY OF THE SYSTEMS REVIEW

General

Fatigue/malaise
 Fever/rigors/night sweats
 Weight/appetite
 Skin: rashes/bruising
 Sleep disturbance

CVS

Chest pain
 SOB: on exercise/orthopnoea/PND
 Palpitation
 Ankle swelling

RS

Chest pain
 SOB/wheeze
 Cough
 Sputum/haemoptysis

GIS

Appetite/weight loss
 Dysphagia
 Nausea/vomiting/haematemesis
 Indigestion/heartburn
 Jaundice
 Abdominal pain
 Bowels: change/constipation/diarrhoea/blood/mucus

GUS

Frequency/dysuria/nocturia/polyuria/oliguria
 Haematuria
 Incontinence/urgency
 Prostatic symptoms
 Menstruation

Menarche (age at onset)
 Duration of bleeding, periodicity
 Menorrhagia (blood loss)
 Dysmenorrhoea, dyspareunia
 Menopause, post menopausal bleeding

NS

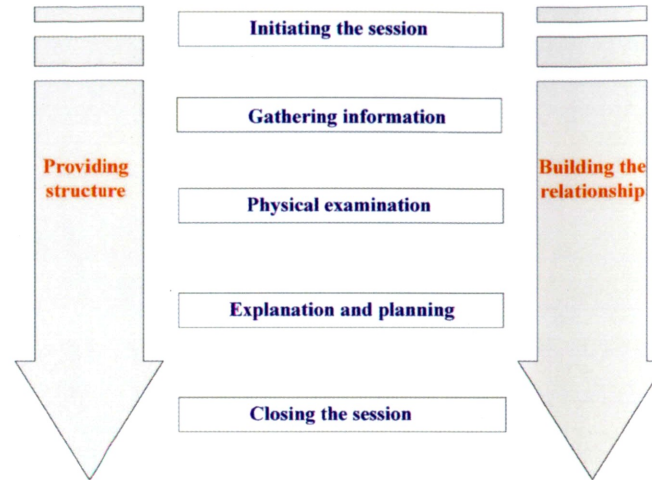
Headache
 Fits/faints/loss of consciousness
 Dizziness
 Vision - acuity, diplopia
 Hearing
 Weakness
 Numbness/tingling
 Loss of memory/personality change
 Anxiety/depression

Mskel

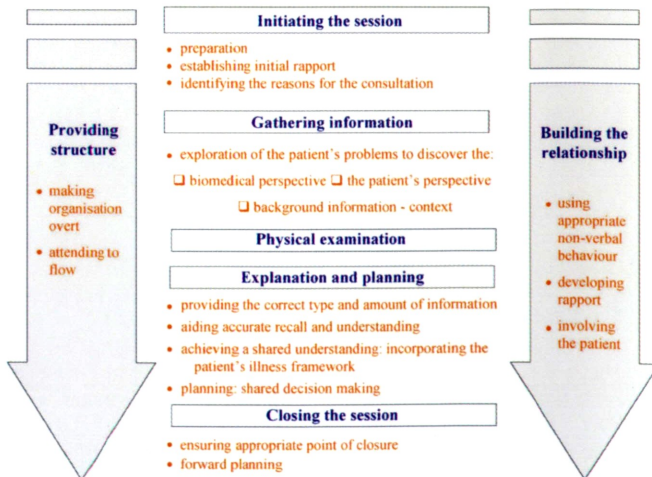
Pain/swelling/stiffness – muscles/joints/back
 Able to wash and dress without difficulty
 Able to climb up and down stairs

THE CALGARY-CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW

The basic framework



The expanded framework



The Calgary-Cambridge Guide to the Medical Interview

A Comprehensive Clinical Method

Part 1: Interviewing the Patient

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 Teaching and Learning Communication Skills in Medicine.
 Radcliffe Medical Press (Oxford)

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 Skills for Communicating with Patients.
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 Marrying Content and Process in Clinical Method Teaching:
 Enhancing the Calgary-Cambridge Guides.
 Academic Medicine;78(8):802-809.

RECORDING THE CONTENT OF THE MEDICAL INTERVIEW

PATIENT'S PROBLEM LIST:

- 1.
- 2.
- 3.
- 4.

BIOMEDICAL PERSPECTIVE: (DISEASE)

sequence of events

symptom analysis

relevant systems review

PATIENT'S PERSPECTIVE: (ILLNESS)

ideas

concerns

expectations

effects on life

feelings

BACKGROUND INFORMATION - CONTEXT

past medical history

drug and allergy

family history

personal and social history

review of systems

PHYSICAL EXAMINATION

DIFFERENTIAL DIAGNOSIS AND/OR PROBLEM LIST

including both disease and illness issues

PLAN OF MANAGEMENT

investigations; treatment alternatives

EXPLANATION AND PLANNING

what the patient has been told;

plan of action negotiated

CALGARY-CAMBRIDGE PROCESS GUIDE 1: INTERVIEWING THE PATIENT

INITIATING THE SESSION

Establish initial rapport

Greet patient and obtains patient's name

Introduce self, role and nature of interview; obtain consent

Demonstrate respect and interest, attend to patient's physical comfort

Identify the reason(s) for the consultation

Use appropriate **opening question** to identify problems/issues

Listen attentively to opening statement without interruption

Confirm list and **screen** for further problems

Negotiate agenda

GATHERING INFORMATION

Explore patient's problems

Encourage patient to **tell the story** from when first started

Use **open to closed cone**

Listen attentively

Facilitate patient's responses verbally and non-verbally

Pick up verbal and non-verbal **cues**

Clarify statements

Periodically **summarise**

Use concise, easily understood **language**

Establish **dates**

Understand the patient's perspective

Determine, acknowledge and appropriately explore:

- patient's **ideas** and **concerns**
- patient's **expectations**
- how each problem **affects** the patient's life

Encourage expression of the patient's **feelings**

PROVIDING STRUCTURE TO THE CONSULTATION

Make organisation overt

Summarise at the end of a specific line of inquiry

Signpost next section

Attend to flow

Structure interview in **logical sequence**

Attend to **timing**.

BUILDING THE RELATIONSHIP

Use appropriate non-verbal behaviour

Demonstrate appropriate **non-verbal behaviour:**

- eye contact, facial expression
- posture, position & movement
- vocal cues e.g. rate, volume, tone

If writing **notes**, ensure does not interfere with dialogue or rapport

Develop rapport

Accept patient's views and feelings non-judgementally

Use **empathy**, acknowledge feelings and predicament

Provide **support**

Deal **sensitively** with embarrassing and disturbing topics, pain

Involve the patient

Share thinking with patient

Explain rationale for questions

During **physical examination**, explain process/ask permission

CLOSING THE SESSION

Give any provisional information in clear well organised manner, avoid or explain jargon

Check patient understanding and acceptance of explanation and plans

Encourage patient to discuss any additional points and provide opportunity to do so

Summarise session briefly

Contract with patient re next steps