



Professional article

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THE MEDICAL INTERVIEW

SUMMARY

The paper presents the arguments that speak in favor of using a typical medical interview in the process of teaching English for Medical Purposes. First of all, such a method is closely in line with the much acclaimed method of content-based learning that bears special relevance for teaching and learning English for Specific Purposes in general. Furthermore, it allows for active involvement of students in a number of ways, they find themselves in the area of expertise they are familiar with, and, simultaneously, are in a position to practice both their medical knowledge and their English skills. It is highly student-centered and student-oriented method, as it gives them full initiative to direct the teaching/learning process. What is more, they gain insight into social and communicative skills that are of utmost importance for their practice, but which they hardly ever study or practice in other subjects during their studies.

Key words: medical interview, communication, content, terminology

INTRODUCTION

Medical students are often faced with a paradoxical situation. Namely, despite receiving a passing score on the test of general English skills, they are not well prepared for the communication tasks that await them in their professional future. These tasks can be divided into three categories:

1. interactions with professionals;
2. interactions with patient and families;
3. academic interaction.

Interaction with other professionals include collaborating with other members of the hospital medical team in diagnosing and treating patients presenting and discussing cases to supervisors teaching and supervising junior members of the team; answering phone calls, requesting tests, results and consultations; interacting with other health care providers such as sub-specialist physicians, nurses, physical therapists

social workers, occupational therapists; and reading and writing notes in charts.

Interaction with patients requires great sensitivity and high level of skill in interpersonal communication. Some of the tasks are taking a history, performing a physical exam, explaining diagnostic procedures and medical conditions and negotiating treatment plans.

Academic interaction requires physicians to read and write journal articles, collaborate on research projects, present at conferences, attend lectures and participate in discussions. While many of these tasks are limited to the training period (two academic years) all medical students future doctors are required to be lifelong learners (1).

While instructions in any of the categories described above may easily form the basis of an English for Medical Purposes curriculum, the purpose of this paper is to describe medical interview followed by suggestions for the teaching of it.

This kind of teaching needs to be student-centered and to motivate self-directed learning. It enhances students autonomy. It, therefore, seems that students are shown a range of autonomous options and have their awareness raised as considering different learning strategies that are open to them. This method is diametrically opposed to the teacher-centered one, or other, more traditional approaches in English for Specific Purposes (ESP) (2).

The approach described in this paper is applied in teaching English to students of Medicine. Medical interview is essential in medical education and practice. Reenactment of a medical interview in an English class has to meet the specific needs that are created in the medical studies environment.

The Medical Interview

Medical interview is fundamental to the diagnostic process. It has received a great deal of attention in the medical literature and in curricula of medical schools. The main objectives are firstly to explore the history of the patient's current symptoms, and secondly to ask specific questions to ensure that other relevant features have not been left out. It determines the quality of the relationship between practitioner and patient, a relationship that is key to the patient cooperation and satisfaction.

For medical students, the medical interview is very important in learning and teaching process. However, it may be difficult to perform successfully because of additional barriers of language and culture differences between doctor and patient. The professional must pay particular attention to understanding the communication component of this skill (2, 3).

In a medical context, the problem is usually with a patient who has a particular medical situation. Students are thus faced with the problem in a kind of context that they will meet in their professional lives. This is how a medical interview is context-based approach.

In terms of a learning theory, this is problem-based, team working, inquiry-based, interactive, inter-professional, and shared learning type. It proves to be motivating for students and staff alike.

The medical interview generally consists of the following structural elements:

a) The opening: The medical student greets the patient, establishes initial rapport, and elicits the primary problems for which the patient is seeking medical care.

1. What's brought you along today?
2. What seems to be a problem?
3. What can I do for you?

b) The history of the present illness: The medical student asks variety of questions to encourage the patient to describe the current problem in detail.

1. Which part of your back is affected?
2. Where does it hurt?
3. Can you describe the pain?
4. What's the pain like?
5. Is there anything that makes it better?
6. Does anything make it worse?

c) The past medical history, the family history and the social history: The future physician departs from discussion of current medical problems and gathers information from the patient about past medical problems, medical problems in the family and lifestyle issues such as occupation, support system, smoking, alcohol. Therefore, past history includes serious illnesses, operations, accidents, allergies, hospital admissions, vaccines, tests, X-rays.

- d) Have you ever had chickenpox?
- e) Have you ever been operated on?

f) The review of the systems: The future physician seeks information about current or past problems involving the various body systems.

1. Do you get tired easily? CVS
2. Do you ever have nosebleeds?
Respiratory
3. Are you heavy drinker?
Neurological exam

The interview skill course is taught to small group with frequent short sessions throughout second year of their study. The course curriculum is adapted and consists of three phases: gathering data, establishing rapport and responding to emotion, educating and motivating patients to adhere to treatment.

The following is a description of the three main components of the course (4, 5).

Part 1. Doctor – patient relationship

The doctor – patient relationship is heavily laden with cultural norms and values. The physician may be treated with great respect; his / her knowledge, advice is not questioned, especially in public. Patients in most cases view the doctor – patient relationship as a partnership, so they have equal rights to information and decision making. Therefore, in the interviewing skills class topics such as culture and values that influence the doctor – patient relationship, cross-cultural images of both doctor and patient, and the current medico-legal environment are discussed.

Part 2. Gathering data

The nature of biomedical diagnosis requires that the doctor gathers a great deal of very specific

information from a variety of sources but primarily from the patient. Furthermore, the history usually includes medical information, social information and health maintenance as well. The medical interview itself has to be very brief focusing on the current problem. The section of the medical interview course includes topics such as greeting the patient, using attentive non-verbal behavior organizing and setting priorities for the interview, balancing open – and – close ended questions and listening actively.

Part 3. Building Rapport and Responding to Emotion

Rapport between the doctor and the patient is the foundation on which the interview is based. Most physicians admit that proper diagnosis treatment is quite different when there is a lack of trust. During this segment of interviewing skills, course students have the opportunity to discuss the way they express emotions as contrasted with the ways in which their patients may express emotions. They learn and practice skills of showing empathy such as reflecting emotions ('You seem very upset by your illness') or expressing personal support ('I am here to help you in any way I can').

Part 4. Discussing Diagnosis and Negotiating Treatment

Physicians frequently have difficulty explaining medical conditions in lay terms, especially if patients are unaccustomed to requesting detailed explanations, this difficulty can be aggravated by the lack of familiarity with lay medical terms as well as with social and cultural issues. In the interviewing skill, class students practice giving clear explanations in lay terms and checking to see if their patients understand. In addition, the students explore further the concept of the doctor partnership in order to learn to negotiate rather than dictate the treatment. Role plays give them the opportunities to practice explaining a variety of diagnosis and negotiating treatment problem.

Physicians naturally feel uncomfortable providing news of diagnosis such as terminal or serious diseases. In many countries and ethnic groups, this information is communicated to the patient's family; in fact, it may be considered unethical to give bad news to a patient because it is perceived to hasten the illness process. In the interviewing skills class, therefore, the students discuss the cultural and ethnical implications of bad news delivery as well as appropriate language skills for use in such highly emotional interaction. Some of these skills include choosing appropriate time and place to talk with a patient providing a basic diagnosis using non-technical language eliciting and responding to patients' emotions regarding their diagnosis, listening actively, offering hope and providing only necessary details rather than overloading the patient with technical information.

Part 5. The social history

The purpose of the social history in the medical interview is to determine social influences on patient medical conditions such as occupation, smoking, use of alcohol or other substances, support systems, marital status.

Advantages of this approach

While the interviewing skills course addresses the communication tasks of medical setting, there are other opportunities to teaching and learning process. Lectures include topics such as avoiding medical jargon, understanding medical terms used by patients.

ESP professionals have a unique opportunity to make a contribution to medicine by improving the communication between doctor and patients (abbreviations, discussing lab test). We have great advantage because we are neither doctors nor patients, we are experts in the art of communication.

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JEZIK I MEDICINA: RAZGOVOR SA BOLESNIKOM

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SAŽETAK

U ovom radu izneseni su argumenti koji govore u korist upotrebe tipičnog medicinskog razgovora u procesu predavanja Engleskog jezika za potrebe medicine. Pre svega, takva metoda je u bliskoj vezi sa mnogo hvaljenom metodom učenja, zasnovanom na sadržaju koji ima poseban značaj za predavanje i učenje Engleskog jezika za posebne potrebe. Štaviše, ona omogućava aktivno učestvovanje studenata, na više načina, koji se nađu u području ekspertize sa kojom su upoznati, a istovremeno su u poziciji da vežbaju i znanje medicine i znanje engleskog jezika. Kod ove metode, student je u centru i sama metoda je orijentisana ka njemu, jer mu pruža mogućnost preuzimanja inicijative upravljajući procesom podučavanja učenja. Osim toga, studenti stiču uvid u socijalne i komunikativne veštine koje su od velike važnosti za njihovu praksu, ali koje retko kada uče ili vežbaju u drugim predmetima u toku studija.

Ključne reči: medicinski razgovor, komunikacija, sadržaj, terminologija