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Eliciting Information During a Standardized Patient History

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Introduction

- Physicians commonly overestimate their communication skills, and patients often report wanting better patient-provider communication.¹
- In order to obtain a clear picture of their patient's health, doctors must communicate effectively with patients and ask a wide variety of questions when taking a patient history.
- When a physician fails to communicate clearly with patients, patients often will not return to see that physician in the future.²
- Thus, learning to take a detailed patient history is an essential skill for medical students to learn.

Purpose

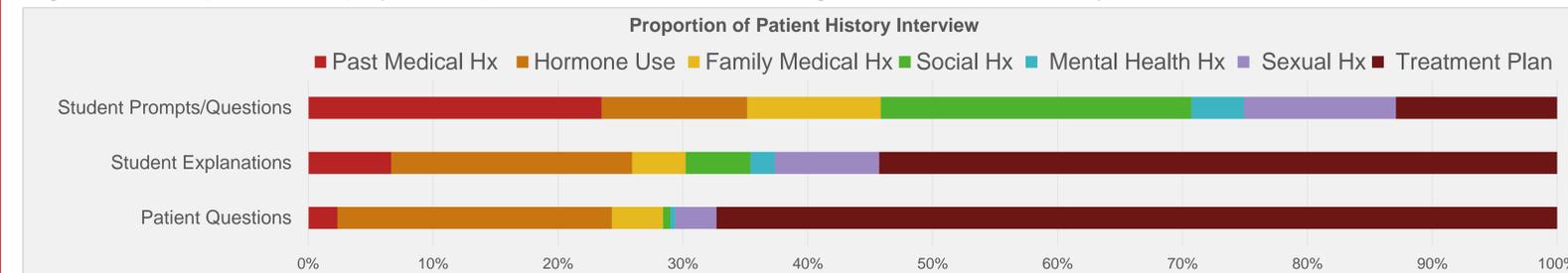
- The purpose of this study was to identify gaps in medical education that prevent students from taking a thorough patient history.
- Understanding the amount of information elicited in various categories of a patient history may reveal areas where many students struggle to engage the patient, gaps in medical education that could be addressed, or possible predictors of patient satisfaction.

Methods

- We analyzed 122 videos of rising third year medical students as they took a patient history of a standardized patient.
- The number of questions asked by the student, explanations given by the student, and questions asked by the patient were recorded in seven different categories during each encounter.
- The seven categories considered were past medical history, a hormone use discussion specific to this patient encounter, family medical history, social history, mental health history, sexual history, and the treatment plan.
- This study was approved by the University of Louisville Institutional Review Board.

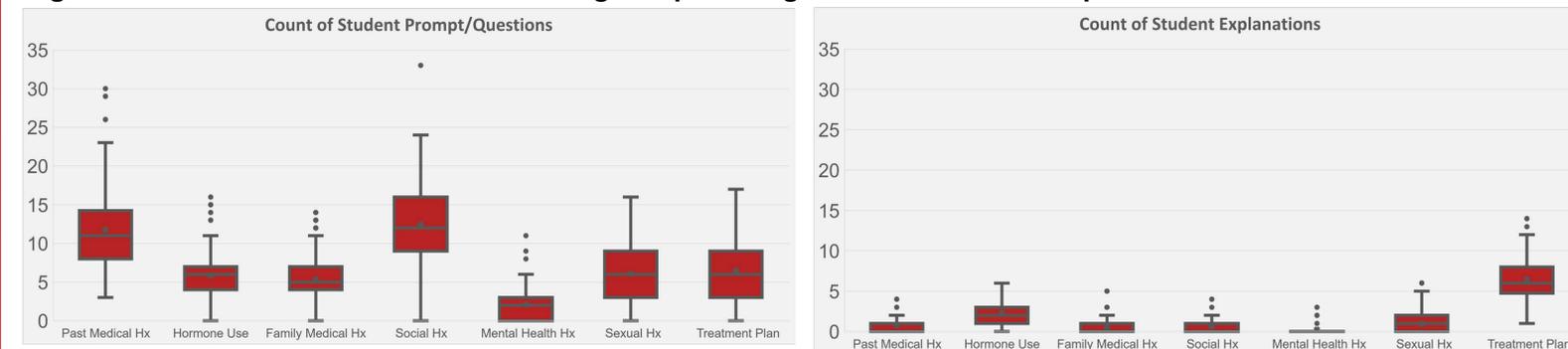
Results

Figure 1. Comparison of physician-patient interactions during a new patient history



- Students elicited the most information during the past medical history (23%) and the social history (24%)
- Under 4% of medical history questions were related to the patient's mental health
- Student explanations and patient questions were concentrated in the treatment plan

Figures 2-3. Distribution of students eliciting and providing information in a new patient interview



- In an average standardized patient encounter, students prompted the patient for information or asked a question a total of 50 times while providing about 12 total explanations across the new patient interview
- Large deviations seen across categories indicates inconsistency between the number of questions asked by each student as well as in the thoroughness of the treatment plan discussion

Figures 4-5. Distribution of patients eliciting information and patient satisfaction



- Patients asked about four questions on average, mostly during discussions of the treatment plan
- Patients were more likely to report that they would return to see a student as a provider when the student prompted for more information ($F=4.99$, $p=0.027$)

Conclusions

- Most information is elicited in a new patient history during the past medical history and social history, which may indicate that these are areas the students feel confident and comfortable discussing.
- The lack of questions regarding mental health may indicate that students feel uncomfortable asking questions relating to mental health or that students feel mental health is less important to consider than other factors when taking a patient history.
- The number of questions asked in each section varied greatly between students, which indicates inconsistency in how students take a patient history.
- The positive association between student questions and patients' willingness to return may indicate that patients prefer a provider whom they perceive to take a more thorough history.
- Providing additional explanations to the patient outside of the treatment plan could help students build more rapport and trust with patients.

Future Study

- We plan to explore differences between a patient history taken by male versus female students, as well as how the patient's gender identity affects the questions asked during an encounter.
- A future study could also explore how students introduce the topic of mental health as well as how they responded when patients disclosed their mental health history.

Acknowledgements

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Bibliography

- Ha et al. Doctor-Patient Communication: A Review. *Ochsner Journal*. V(10):2010.
- Teutsch, Carol. Patient-Doctor Communication. *Medical Clinics of North America*. V(87):2003.