



Discussion for Diagnosis and Explanation

English for Medical Profession
(499508)

Natapol Supanatsetakul M.D.,Ph.D.

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Topics

- Lesson Plan
- Discussion among Medical Colleagues
 - To express an opinion with a different level of probability
 - To present a case in the medical meeting
- Discussion with a Patient and Relatives
 - Giving a diagnosis
 - Breaking bad news
 - Planning treatment
 - Advice and prognosis
 - Summarizing, question, and F/U appointment



Discussion of the case

- The expressions used in discussing a diagnosis ...
- “In my opinion, the diagnosis of the patient _____ disease A”
- “Yes” :
 - Certain = is, must
 - Fairly certain = seems, probably, likely
 - Uncertain = might, could, may
- “No” :
 - Certain = can't, definitely not, exclude, rule out
 - Fairly certain = unlikely
 - Uncertain = possibly, a possibility



Example

- The patient ***might*** have appendicitis.
- Myocardial infarction is ***a possibility***.
- After physical examination, he ***seems*** to have rheumatoid arthritis.
- There is no neck stiffness, It's ***unlikely*** that he's got meningitis.
- From CT, he ***can't*** have a space-occupying lesion.
- Normal MRI scan ***excludes*** a parenchymal tumor.
- From the biopsy report, she ***must*** have an intraductal carcinoma of the breast.



Case Presentation

- Introduction
- Patient's age and occupation
- Presenting symptoms and duration
- Associated symptoms
- Past medical history
- Social history
- Family history
- Findings on physical examination
- Investigation results
- Diagnosis
- Treatment
- Outcome of treatment



Giving a Diagnosis

- A patient would expect you to answer the following questions:
 - What is the cause of my problem?
 - How serious is it?
 - What are you going to do about it?
 - What are the chances of a full recovery?
 - What is your advice during the treatment?



Giving a Diagnosis

- Objectives
- Expression + The name of disease diagnosed
- Explanation
 - Use lay terms, avoid medical jargon
 - To explain facts, use present tense
 - Organize information: using signposting language
 - Level of probability, prognosis
 - Use “do” for emphasis and confirmation



Giving a Diagnosis : Objectives

- Correct amount and type of information
 - Ask for patient's prior knowledge
 - Give information in manageable chunks
 - Check for understanding
- Help patient understand and remember new information
 - Clear and simple explanation, avoid jargon
 - Organize information and use signposting
 - Use visuals to help explain conditions or procedures
 - Repeat and summarize to reinforce information
- Include patient's perspective
 - Encourage a patient to express his/her emotions, fears, concerns
 - Allow patient to ask questions, get clarification



Giving a Diagnosis

- Expression + *The name of disease diagnosed*
 - “You’re suffering from”
 - “You’ve developed....”
 - “The patient has”
- Explaining the diagnosis
 - Use lay terms, avoid medical jargon
 - To explain facts, use present tense
 - Organize information: use signposting
 - Level of probability, prognosis
 - Use “do” for emphasis and confirmation



Explaining the Diagnosis

Define medical terminology in a simple way.

Arrhythmia, infarction, ischemia etc.

By using simple, straightforward, non-specialist language, easy to understand (lay terms)

irregular, fast, slow heartbeat, dead cardiac muscle, reduced blood perfusion to the heart etc.



Explaining the Diagnosis

- Cause and effect are explained in present tense because it is generally true.

“When the blood perfusion to the heart is reduced from the plaque inside the vessels, the cardiac muscle cells are dying. And, the heart function is progressively diminished.



Explaining the Diagnosis & Giving an Advice

- Signposting
 - To organize new information given
 - First of all, to begin with, secondly, then, however, when, finally
- “Do” for emphasis and confirmation
 - “You **do** have developed a mild condition of hypertension.”
 - “The patient **does** have acute appendicitis and really need to get an operation promptly.”
 - “You **do** need to lose your weight and cut down your cigarette smoking.”



Breaking Bad News

- Give warning
- Appropriate setting
- Take time
- Appropriate language
- Discuss the prognosis
- Supplement the verbal message
- Arrange the follow-up session
- Confirm patient's understanding



Principle of giving bad news

- Give warning
 - “I’m afraid your test result aren’t very good.”
 - “I’m sorry to have to tell you that ...”
- Choose an appropriate setting and have a friend or relative of the patient present
- Take time
- Use appropriate verbal and non verbal languages



Principle of giving bad news

- Emphasize the positive
 - “There’s still a lot we can do to help you.”
 - “Chemotherapy will make you more comfortable.”
- Arrange the follow-up session
 - “I’d like to see you again next week.”
 - “Can you come in again next week.”
- Confirm that the patient understands
 - “Could you tell me what we’re going to do for you?”
 - “Is everything clear to you?”
- Supplement the verbal message



SPIKES model

- Setting: physical surrounding, relatives
- Perception: patient's understanding of condition or situation
- Invitation: how much detail needed to know
- Knowledge: giving knowledge and information
- Emotions: exploratory, empathetic, validating
- Strategy: Plan for future, summarizing key points to the directions



Planning Treatment

- Seven stages for planning treatment
- Treatment options
- Explain benefits and side effects of each option
- Negotiating treatment
 - Patient's understanding of the need for Tx
 - Treatment option accepted
 - Concerns, needs, suggestions, barrier
- Referring (if necessary)



Seven stages to negotiate a plan of action

- Recommended by Calgary-Cambridge observation guide
 - Discuss **options**.
 - Provide **information** on action or treatment offered.
 - Obtain patient's **view** of need for action, perceived benefits, barriers, motivation.
 - Elicit patient's reactions and **concerns** about plans and treatments.
 - Take patient's lifestyle, **beliefs**, cultural background and abilities into consideration.
 - Encourage patient to be involved in implementing **plans**.
 - Ask about patient **support** systems; discuss other supports available.



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Example

- “There are a couple options we can do. The first option is to ...”
- “Alternatively, you could think about ...”
- “Another option you might want to consider taking ...”
- “The main benefit (advantage) of this is...”
- “The side effects (problems, disadvantage, downside) of this is ...”
- “How do you feel about this plan for treatment?”
- “What treatment do you think would suit you best?”
- “What is your preferred cause of action?”
- “Do you have any questions or concerns regarding to this treatment plan?”



Advice and Prognosis

- During treatment
- For lifestyle change
- To avoid something
- Warnings
- Plan for seeking help if not working
- Giving prognosis
 - Indicating probability and being positive



Discussing treatment

- Advising a course of action
 - “You should ...”, “You will need ...”, Please do ...”
 - “Carry on having a regular diet and keep drinking lots of fluids.”
 - “If you still have some pain, you can take paracetamol once in a while.”



Discussing treatment

- Advising patient to avoid something
 - “Please don’t ...”
 - “You should try to avoid ...”
 - “Please cut down on having fatty food.”
 - “Giving up smoking would help”
- Warning
 - “If you aren’t feeling better, you really must come back and see me again”
 - “It’s very important you don’t stop taking the tablets or your symptoms will return.”



Closing Session

- Summarizing
 - Summarizing what has been discussed
 - Agreeing on what action is to be taken by the patient
- Question
 - *Do you have any question?*
 - *Is there anything you'd like to ask?*
- F/U appointment
 - *I'd like to see you again next week.*
 - *Can you come in again next week.*