

Teaching Tips

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Building a patient history

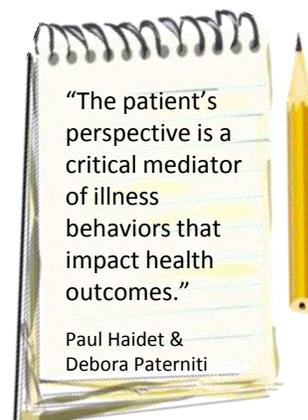
It is the beginning of a new academic year and 3rd year medical students have just started to come to clinic. In the next few weeks new interns will be arriving too. This is an important and overwhelming time for many learners, and an excellent opportunity to help them start the year off well!

Getting a complete and accurate patient history is a fundamental skill in family medicine, and “obtaining a relevant history from a patient with symptoms or health concerns commonly seen in the FM outpatient setting” is one of the clerkship objectives on which all medical students are evaluated. While the phrase “taking a history” is most often used to describe the process of gathering patient information, we can encourage our learners to think about “building a history” as well.

History taking implies a disease-focused inquiry, in which questions are organized to elicit relevant patient information in an efficient manner. While this approach facilitates information sharing among clinicians, it does not enhance communication between doctors and patients. In medical interviews that focus predominately on symptoms, severity, and exacerbating factors, the patient’s primary concerns or social history can be easily overshadowed, and the full story may not be heard.

Taking a “narrative-based approach” to the medical interview recognizes that there are two unique perspectives on the illness experience in every doctor-patient interaction. History building is the process of integrating two narratives – the biomedical perspective with the patient perspective – in order to provide comprehensive patient-centered care.

Dr. Paul Haidet, MD, MPH and Debora Paterniti, PhD, suggest 3 communicative skills that can facilitate cooperative history building. By discussing, modeling, and observing these skills when working with a learner, they will begin to learn the art of history building.



“The patient’s perspective is a critical mediator of illness behaviors that impact health outcomes.”

Paul Haidet & Debora Paterniti

Question-Asking Mindfulness

Physicians are taught to begin with open-ended questions and move to more focused, or close-ended questions, later in the interview. When this narrowing happens early the patient’s perspective may not emerge. We should encourage our learners to ask questions that give patients space to share their narrative, rather than respond to “yes” or “no” questions.

Organizational Multitasking

It is important to facilitate the patient’s telling of their story, and to organize the information provided from two points of view. Retelling the story as it was organized by the patient can help us fill in important biomedical information, and keep the patient’s voice at the center of the interview.

Use of Conversational Devices

Asking questions may be the most common way to elicit information, but other conversational devices, such as paraphrasing, requests for clarification, and allowing silence, can also be useful in history building.



References :

Azer SA, Guerrero APS, Walsh A. Enhancing learning approaches: practical tips for students and teachers. *Medical Teacher*. 2013;35:433-443.

Haidet P, Paterniti DA. Building a history rather than taking one. *Arch Intern Med*. 2003;163:1134-1140.