

Uses open questions appropriately

Green – Asks the majority of open questions at the beginning of the consultation, allowing a logical progression to closed questions

Red – Uses open questions at random stages resulting in disorganised data gathering

Green – Uses a series of open questions to allow a descriptive narrative of the patient's problem, perspective and agenda

Red – Fails to ask sufficient open questions to allow discovery of the patient's story or agenda

About this skill

Open questions are extremely valuable in a GP consultation, as an effective way to build trust and empathy, demonstrate interest, and to discover a lot of information in a short time. Open questions encourage the patient to tell their story and offer a natural way to discover specific information about a patient's psycho-social context and ideas, concerns and expectations

It is important to understand that open questions should be used *first* to 'open' out the consultation. This approach may need practice using the activities suggested below, as it requires the doctor to resist the temptation to 'direct' the consultation at the beginning. If the skill can be mastered however, it allows the patient's agenda to surface early on in the consultation and therefore ultimately helps with time management and fluency.

Audio consultations

During a telephone consultation, there is clearly no visual interaction between the patient and the doctor. When the doctor starts the consultation, this may have the advantage of reducing potential unconscious bias towards the other person. For example, diluting any perception that the doctor is less likely to empathise with the patient because he/she is a different gender or age. On the other hand, a disadvantage may be that it can be harder to generate rapport without eye contact and encouraging or welcoming gestures.

Open questions can be used to advantage therefore, to open the consultation. Several open questions will allow the patient time and space to tell their story whilst also building rapport. It may be that without the inhibiting effects of bias, a patient is also more forthcoming in their responses.

Educational Activities

Activity 1: Develop a list of open questions that you use over and over again, and are comfortable with. Remember that an open question is a question that *cannot* be answered by 'YES' or 'NO'.

Ask colleagues which open questions they use regularly and consider whether that would work for you?

The words what and how work well at the beginning of an open question.

Here is a collection of suggested questions:

- What's been happening?
- How long has it been going on?
- How has this been affecting you? in your life? At home? At work?
- How does this make you feel?
- What were your fears? Talk me through what your family/wife/friends were worried about...
- What were you/have you been thinking about your symptoms?
- You can soften the use of 'why' by starting with "I'm interested in why you feel/think that..."

Activity 2: Try an exercise where you use *what the patient says* to you, to generate more open questions. For example, "You mentioned that your wife was worried about the pain in your leg, what was she thinking/worried about?"

Activity 3: Look at a series of your video consultations to make sure you are not rushing too early into closed questions - for each video ask yourself "Were there any more open questions that needed to be asked?"

Activity 4: Be careful with premature use of closed questions, restrict closed questions to

questions about clarification - and always after open questions. Look at your own videos to check you are doing this consistently, or do you lapse into using closed questions prematurely?

Audio consultations

Review a series of your audio consultations, writing down how many open questions you use and when you use them. Refer to the text below first if you are not sure of the definition of an open question. What effect did the audio mode have on your questioning?

What effect did the open questions that you did use have on the patient's response? How useful was the information you received when you asked open questions? Discuss with your trainer.

See if you can improve your use of open questions adapting some of the additional activities above to your audio consultations

Reflective exercises

Exercise 1: If you are reluctant to ask open questions ask yourself why? One worry expressed by many trainees is that open questions might produce long rambling answers which waste time, or take the doctor into unknown (and worrying) territory. The authors of this guide do not believe that this happens - but why not test this for yourself by experimenting with different balances of open and closed questions in your consultations.

Related tasks

Practicing and developing the skill of '*Uses open questions appropriately*' will allow you to achieve the following tasks more effectively:

- Opens consultation and explores problem
- Discovers patient's psycho-social context
- Identifies cues
- Discovers patient's ICE

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