North West England **Consultation Toolkit**

Uses closed questions appropriately

Green – Uses closed questioning following on from open questioning and discovery of the patient's agenda
Red – Premature use of closed questioning prevents discovery of the patient's agenda or narrative

Green – Choice of closed questions allows effective testing of diagnostic hypotheses, both ruling in or out possible working diagnoses
Red – Choice of closed questions appears unsystematic and/or fails to be guided by the probability of diagnostic hypotheses

Green – Asks where appropriate, 'red or yellow flagged' questions to enable the ruling in or out of serious illness or risk
Red – Fails to use relevant 'red or yellow flagged' questions, risking a missed diagnosis of serious illness or missed high risk outcomes such as self-harm

Green – Uses signposting and permission seeking for closed questioning appropriately
Red – Fails to use signposting and uses permission seeking over-zealously

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About this skill

Closed or 'closed-ended' questions are defined as questions where the answer is confined to one-word answers such as 'no' or 'yes'. The questions often start with words such as Is/Are… Do/Did…Which…Would… or Have…? A closed question is used to discover a specific fact or facts during a GP consultation.

Using closed questions appropriately in a consultation, concerns both the *timing of the questioning* and the *choice* of questions. The *timing of the questioning* in the consultation is crucial and the closed questions should come *after* any open questions have enabled the doctor to discover a patient's narrative and agenda. Premature use risks closing the data gathering section down too soon and often forces repetition and inefficient time management. Moreover, it can damage rapport as the patient may feel their agenda has been ignored and this often results in a failure to discover important diagnostic information.

Another aspect of timing relates to the term *signposting*. This term refers to the process of introducing a series of questions covering a potentially sensitive area, such as sexual health or intention to self-harm. If these questions are introduced suddenly or prematurely without warning, this may also risk the patient not answering them fully due to embarrassment or reluctance to disclose personal feelings and behaviours.

The *choice of questions* relates to the ability of the questions to test a set of diagnostic hypotheses and to rule in or out serious illness or serious risk factors. The questions must be focused, relevant to the set of differentials the doctor has in mind and led by the patient's response. As part of closed questioning, red or yellow flagged questions must be asked, if appropriate to the presenting problem.

Audio consultations

The *timing* of closed questioning should not be affected by the mode of the consultation and if this is poor overall, needs to be addressed by the activities described below. Similarly, the choice of questions should be

guided by the diagnostic hypotheses. The main effect of the doctor 'talking only' to the patient is likely to be a tendency to revert to less sensitive questioning, omitting 'signposting' and coming across as unkind or insensitive. This problem is related to difficulties in the global skill section '*Remains responsive to patient*'.

Educational Activities

Timing of closed questioning

Activity 1: Watch/listen to a few of your consultations. When you do introduce closed questioning?

Can you identify which of your questions are closed? What do you notice if you are asking closed questions very early on in the consultation? Discuss this with your trainer. Watch/listen to a couple of your trainer's consultations. What do you notice about their timing of their closed questioning?

Activity 2: If you identified premature use of closed questioning in Activity 1, experiment using role play with peers or your trainer. What happens to rapport and your progression through data gathering tasks, if you restrict your closed questioning until after a series of open questions at the start of the consultation? Now try and implement this approach in real patient consultations. If you are having difficulty with use of open questions, refer to the skill '*Uses open questions appropriately*'.

Activity 3: Be careful that you do not repeat questions or ask the same question in a slightly different way - this does not provide any new information and wastes valuable time.

Also take care to avoid '**over- zealous permission seeking**'.

This is where you use the phrase 'Do you mind if I ask you some more questions' throughout data gathering. This phrase is *unnecessary*, may damage rapport and always wastes time! 'Review your consultations to make sure.

> Do you repeat questions?
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> Have you ignored or forgotten the answer given earlier on by the patient?
>
> Do you do any over-zealous permission seeking?

Discuss this with your trainer and try and think of alternative methods of questioning and how you can stop yourself from indulging in over-zealous permission seeking.

Choice of closed questions

Activity 1: Watch/listen to a few of your consultations.

For each closed question, check the following questions:

1. Do you have a list of possible diagnoses in mind?
2. Do you ask sufficiently focused questions to clarify (where possible) which diagnosis is the most likely?
3. Are there better questions that you could ask that would be more discriminating?

If you are struggling with 1. refer to the task '*Generates and tests diagnostic hypotheses*' for more ideas how to address this problem.

Activity 2: Be careful with the *number* of closed questions that you use - restrict your questions to questions about clarification and finding out specific relevant facts. Avoid unnecessary and/or irrelevant questions that don't give you either useful positive or negative information.

questions. Look at/listen to your consultations to check you are doing this.

Activity 3: Now practice your improved closed questioning in your consultations and review some of these consultations with your trainer. Do you feel the accuracy of your diagnostic process has improved? Do you feel your questioning is more efficient? Have you reduced/eliminated the number of irrelevant questions? Do you always make sure you ask relevant red/yellow flagged questions?

Audio consultations

You can apply all of the above activities to audio consultations.

Try these additional activities:

Review a series of your audio consultations and measure the time from the start of the consultation to the time when you ask your first closed question.

Do you think this time period is too short or too long? Why?

Could you have gained as much or even more information by asking more open questions?

Many trainees use closed questions too early in the consultation.

Do you think this tendency is greater for audio consultations, as opposed to face-to-face consultations?

Reflective Exercises

Exercise 1: You may need to 'signpost' a particular group of questions such as those around sexual activity. Think about and discuss with your trainer some phrases that might help with this process. Some examples might include:

"To help me work out what is going on, it would be really helpful if I could ask you some questions about sexual health. Is that alright with you?"

"I'm concerned about how low you have been feeling, would it be OK to ask you some questions about any dark thoughts you may have been having?"

Exercise 2: Think about whether you want to ask diagnostic closed questions in a "positive" way or a "negative" way. A *positive* diagnostic question would be "Do you get breathless?" A *negative* diagnostic question would be: "You don't get breathless, do you?" What are the pros and cons of each approach?

Related tasks

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

- Generates / tests diagnostic hypotheses
- Rules in / out serious disease