CHAPTER 1: THE CLINICAL ENCOUNTER

At the heart of clinical practice is the encounter between a patient and a doctor.
It may occur face-to-face or remotely.

1.1 REASONS FOR THE ENCOUNTER

Deciding to consult a doctor

Perceived susceptibility / vulnerability to illness
Belief that one may be at risk of illness.

Perceived severity of symptoms
Depends on intensity, familiarity, duration, and frequency of symptoms.

Perceived cost of consulting (barriers)
Financial cost, inconvenience, time, access, embarrassment, etc.

Perceived benefit
Relief of symptoms, reassurance, legitimization of time off work, improvement in function, etc.

1.2 TRIGGERS TO CONSULTATION

Interpersonal crisis
Interference with social or personal relations, work, physical activity, or daily life.

Pressure or sanctioning
From family, friends, employers, or society.

Reaching the limit of tolerance
Symptoms become unacceptable or intolerable.

Other Influencing Factors
Cultural factors and person-specific factors such as: stoicism, self-reliance, guilt, unwillingness to acknowledge psychological distress, embarrassment, lifestyle factors (e.g., addiction), beliefs, past experiences.

1.3 THE CLINICAL ENVIRONMENT

We are responsible for maintaining a calm, private, and respectful environment.

- Arrange furniture to avoid barriers; sit at eye level.
- Position computer screens to maintain privacy.
- Silence personal mobiles.
- For inpatients, privacy is harder—use:
  - Curtains around bed space
  - Side room / interview room if mobile
- Inform patient if conversation may be overheard and give the option not to answer sensitive questions.

1.4 OPENING THE ENCOUNTER

1 Build rapport

- First impression: how you look, your clothes, posture, demeanor.
- Introduce yourself and your role clearly; wear a visible name badge.
- Roll up long sleeves; avoid hand jewellery (infection control).

2 Address / speak to the patient appropriately

Consider age, background, culture, language, and preferences.
Be aware of cultural norms (e.g., eye contact, handshaking).

3 Open inquiry about the reason for their visit

Use an open question, e.g., "What brought you along to see me today?"

1.5 GATHERING INFORMATION

Information is gathered through:

1. History taking
2. Physical examination (Chapters 2 & 3)

- Fear of the unknown (serious illness) can affect the patient.
- Use plain language; avoid medical jargon.
- Give pauses; allow the patient to speak freely.
- Practice active listening; use encouraging comments / noises.
- Be aware of non-verbal cues (demeanor, body language, eye contact, posture, tone).
- Arms/legs crossed, avoiding eye contact may indicate discomfort.

1.6 HANDLING SENSITIVE INFORMATION AROUND THIRD PARTIES

- Confidentiality is your top priority.
- Always ask the patient before obtaining information from a third party.
- If a third party approaches you without the patient's knowledge:
  - Ask their relation to the patient.
  - Confirm if the patient is aware.
  - Explain you cannot divulge any information without explicit consent.
  - You are allowed to listen, not disclose.

1.7 MANAGING PATIENT CONCERNS

- You are not treating an illness, but a personal experience of illness.
- Listen to the patient's story and what matters most to them (e.g., impact on work, life).
- Patients gain information from many sources (social media, family, friends) and may return to them after consulting you.

1.8 SHOWING EMPATHY

Empathy = identifying with and understanding the patient's concern.
Different from sympathy (your feelings of compassion).
Show empathy, not sympathy.

1.9 CULTURE SENSITIVITY

- Be aware of cultural differences (e.g., eye contact, handshaking, expressions of emotion).
- Appreciate and accept differences in beliefs and practices.
- If unsure, ask respectfully.

1.10 ADDRESSING THE PROBLEM

1. Practice privacy – ask who the patient would like present.
2. Check the patient's current level of understanding.
3. Acknowledge the patient's ideas, concerns, and expectations.
4. Share information clearly.
5. Agree on a management plan together.

1.11 CONCLUDING THE ENCOUNTER

1. Summarize the important points (helps recall and adherence).
2. Answer any remaining questions.
3. Give a plan of action.
4. Confirm follow-up.

1.12 PERSONAL RESPONSIBILITIES (DUTIES OF A REGISTERED DOCTOR)

Knowledge, Skills, Performance & Competence	Safety	Respect & Dignity	Work in Partnership	Maintain Trust
• Maintain good standard of practice. • Patient's welfare is your first concern. • Keep skills up to date. • Recognise and work within the limits of your competence.	• Take prompt action if patient's safety, dignity or comfort is compromised.	• Be polite, kind, empathetic, and compassionate. • Respect dignity, privacy and confidentiality.	• Listen to concerns and preferences. • Give information to enable informed decisions. • Respect right to decide about their health. • Support self-care. • Work with colleagues in patient's best interest.	• Be honest and open. • Never discriminate. • Never abuse trust.

ADDITIONAL PRINCIPLES & TIPS

- Evidence is a tool, not a determinant of practice.
- Involve patients in all decisions about their health.
- Accept death as part of life; make the best choices when health is close.
- Collaborate with other healthcare professionals.
- Be an advocate for your patients.
- Ask yourself: "How would I wish to be cared for in this situation?"

ABCD APPROACH – influence the patient experience and preserve dignity

- A Attitude – how would you feel in their situation?
- B Behavior – treat with kindness and respect.
- C Compassion – recognize the human story behind the illness.
- D Dialogue – listen and acknowledge the patient.

OTHER IMPORTANT RESPONSIBILITIES

Confidentiality is essential – even after the patient's death, unless public safety or someone else (or the patient) is at risk of death or serious harm.

If you believe there is a risk, contact a senior doctor in charge of the patient's care immediately.

Obtain consent before any examination or investigation.

Social media is valuable but blurs boundaries; use it professionally; be aware of what personal information you share and the impact on the doctor-patient relationship.

You hold a privileged professional position. Do not abuse it. Do not pursue any improper relationship with a patient.

Discuss any concerns or dilemmas with a senior practitioner.

Take care of yourself. If you have a medical condition that could affect your judgment or performance, seek treatment.