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| **Doctor-patient conversation** | **My feelings/ thoughts/ reactions** | **Reflections on Medical leadership content** |
| **Line 1**  **Dr:**Come in. I will be your doctor today. Take some seats please.  **Pt:**Yes, thank you! (they both take their seats but the man drags himself and looks to be in much pain). | Confused since this is my first time to handle such a case.  Feeling tired and not sure on where to start.  So sorry for his wife’s trauma who seems so troubled and sympathetic with her husband’s condition. | I composed myself and rise up to the occasion as it has always been my dream to serve people. |
| **Line 2**  **Dr:**How can I assist you?  **Pt:**I have been struggling with chest pains, shortness in breathing in the last couple of days. | I felt the need to respect the old couple who I can compare them to my parents. | Good communication skills by asking open ended question that ensure the conversation flows. |
| **Line 3**  **Dr:** Is there anything else apart from the chest pains and breathing problems you can address here today?  **Pt:** Yes, I have also experienced severe headache and pounding on the ears, neck and chest. | Nervous on the first instance. | Braved myself to avoid creating doubtful and unprofessional scenes. |
| **Line 4**  **Dr:**Okay, let look on what’s is causing your severe headache and chest pains and will goover your physical history and then physical exam to make sure that all is taken care of. Does that sound like a good plan for you?  **Pt:**That sounds perfect. | Digging deeper to get more information from the patient. | Maintaining a good rapport with the patient. |
| **Line 5**  **Dr:**So, tell me a little bit more about this, the head and chest pain that you are having.  **Pt:** Well, it started over six months ago and nothing has helped it, it just left me flat. I have not been able to go to work. It is really bad when I move so I am trying to minimize my movements. | Felt a bit relaxed a could engage well with him. | Listened deeply without judgement, preconceptions, or interrupting the patient. |
| **Line 6**  **Dr:**Will you be okay if I took some notes?  **Pt:**All right.  **Dr:** So, you said these symptoms started like six months ago. Is there any thing brought the pains down, anything unusual that happened maybe in those six months?  **Pt:** Really no. | Found it ample to apply some courtesy as health matters are confidential. | The patient conversed well and this gave me morale to continue with the evaluation process.  I requested the patient if I could ask some social queries. |
| **Line 7**  **Dr:**Is there anything that made it better?  **Pt:**Nothing made it better**.** I took some Tylenol, I tried Motrin, nothing worked so I tried not to move too much. | Curious to engage the patient deeper and ask the client more questions. | This helped in avoiding misconceptions as well as diminishing chances of miscommunication and errors. |
| **Line 8**  **Dr:** So, if you had to rate on a pain scale, zero being no pain and ten being the worst pain you have ever had how would rate it.  **Pt:**I have never had a pain like this before and it is so intense, all over my head, also a shooting pain on the neck, my neck is damn stiff. Definitely a 10. | Felt positive as the patience replied to all my questions with some degree of enthusiasm. | Proved that the patient was collaborative in the interview.  Conscious thinking on the patient when reflecting to his symptoms. |
| **Line 9**  **Dr:**How is the pain affecting your daily life?  **Pt:**I cannot go to work; I cannot do anything.  **Dr:** It sounds like its really impacting your life. | The patient deserved immediate medical attention and the issue was affected his life. | Fostering empathy and apprehending the patient’s unique needs, conditions, and values. |
| **Line 10**  **Dr:** If it is okay, I kay I would like to go for some talk about your medical history and social history.  **Pt:** All right.  **Dr:** Can you tell me as far as your medicinal history is concerned, do you have any medicinal conditions I should be aware of?  **Pt:** Six months ago, I presented myself to this emergency clinic with slight chest pains and I was prescribed some medication (his wife interrupts).  **Wife:** Excuse me doctor, I have been so close to my husband and in my perspective, I noted that his pain intensified roughly a month ago after his father’s demise. Additionally, his father had a history cardiac health issues though he was not attending the clinic for check-ups.  **Dr:** All right am sorry for your loss. Have ever been hospitalized or had any surgical history, drug allergies, any family history of headaches, and do you take alcohol or smoke?  **Pt:** No, not at all. | Felt it was worthy comforting the couple following the grandpa’s death. | Being attentive to capture the details despite the wife’s interruption. |
| **Line 11**  **Dr:** Okay, so let me just summarize to make sure I have got everything straight sofar. We started in an onset of a severe headache and chest pains about six months ago, the pains worsen upon movement and really makes it hurt badly. It is a 10 out of 10 pain and you are also complaining about a stiff neck with that. (the patient nods his head). It came on gradually and it has been constant on the forehead. You have no surgical history, never been hospitalized, no drug allergies, you do not smoke or drink, and the condition seemed to have significantly hindered your daily operations. You took Motrin and Tylenol and they did not help. You have a family history of you father having cardiac health issues.  **Pt:**Yes  **Dr:** If you have no other issues, I recommend you to enter the next door where you will complete a physical examination to further analyze your health condition.  **Pt:** Okay, thanks for your time. | Felt comfortable to share patient’s doubts and discover mishaps. | Formulating the next step which required examining the patient in order to develop a valid treatment plan.  The summary proved that I had keenly listened and captured all the patient’s data. |