

Transcript of the Conversation

Patient: Hello, Doctor.

Doctor: Hello

Patient: I've been having a really hard time sleeping these past 8 months. It's become quite a struggle for me. I only manage about 4 hours of sleep each night. It's affecting my days quite a bit.

Doctor: Okay, well that sounds, so that's been eight months you say that you've been struggling with

Doctor: Sleeping.

Patient: Yes, it's been about 8 months now. It started gradually but has become a nightly issue. I'm exhausted and it's really impacting my life.

Patient: It's really starting to

Doctor: Yeah.

Doctor: I can imagine.

Patient: It's really wearing me down. I feel exhausted and frustrated.

Doctor: Yeah

Patient: I appreciate you listening. It's been hard to function during the day with all this going on.

Doctor: Have you, do you?

Doctor: When you've been kind of thinking about this, I'm sure you've thought about it quite a lot, what might have caused it, or was there anything that happened eight months ago that might have?

Doctor: set it off, do you think, or what's your sort of perspective on it?

Patient: I can't think of anything specific that happened 8 months ago. My life has been pretty stable, both at work and at home. I wonder if it could be related to my thyroid, since my GP mentioned that, but I'm not sure. And now, it's like I'm caught in a cycle where I worry about not sleeping, which makes it even harder to fall asleep. I'm quite

Doctor: Bye.

Patient: Everything seemed stable, both at work and at home. My GP mentioned running a thyroid test, so I wonder if that could be a factor. But I'm also worried that my anxiety about not sleeping well is just making it worse, turning into a self-fulfilling prophecy.

Doctor: Hmm

Patient: I can't help but worry that my anxiety over not sleeping is making it worse. It's like I'm stuck in a cycle, and I don't know how to break it.

Doctor: Well, I mean, I think that's a really important point that you make. I think sometimes when we do get anxious about sleep that...

Doctor: It does.

Doctor: make things it does make it harder to relax and being relaxed is one of the sort of

Doctor: beginning points of sleep.

Doctor: So I think you've got a really, that's a really good idea there that you've you've had for your yourself. I'm wondering.

Commented [SR1]: User actually said 'Hmm', transcription error

Commented [SR2]: Transcript breaks down sentences whenever there is a slight pause during speech

Doctor: what you have tried, because it sounds like you've been thinking about it, so what have you already tried?

Patient: Well, I've tried a few things. I make sure my room is quiet and dark, and I've tried to keep a regular sleep schedule. I go to bed around 10 PM and get up at 6 AM, but I often lie

Doctor: Mmm

Patient: I've tried going to bed and waking up at the same time every day, avoiding caffeine in the evening, and making sure my bedroom is quiet and dark. But nothing seems to help. I haven't yet tried sleeping tablets, but I've been thinking about it.

Doctor: Bye.

Commented [SR3]: Same as above

Patient: I've also tried avoiding screens before bed. But it hasn't really made a difference so far.

Doctor: Mm-hmm.

Doctor: When you say you've been avoiding caffeine in the evening, first of all that is a really good idea.

Doctor: Do you have a sort of cut-off time, like when do you have caffeine and how much are you having, would you say?

Patient: I usually have a cup of coffee around 3 PM. But nothing after that. I thought it might help to cut it off in the evening, but I'm still having trouble sleeping.

Doctor: Mmm

Patient: That's usually around 3 PM. I try not to have any later than that.

Doctor: Okay, and is that quite hard? Is that quite a different?

Doctor: approach than you've had before.

Patient: It was a bit of an adjustment at first, but I've gotten used to it now. I hoped it would help, but I'm still struggling with sleep.

Doctor: Hmm.

Doctor: And with the sleeping, I'm sorry to dot around, I'm just kind of having thoughts and asking you while they're coming out of my...

Doctor: you know, while they're coming into my brain. With the sleeping, do you struggle to get to sleep or how does your kind of nighttime?

Doctor: Look.

Patient: Well, it's a bit of both, really. It takes me more than 45 minutes to fall asleep most nights. Then I wake up several times during the night and often wake up too early without being able to go back to sleep.

Doctor: Okay

Doctor: And when you say it takes you more than 45 minutes, how do you, how are you like working that out, what's your, how do you know that it's taking you 45 minutes?

Patient: I usually check the clock when I get into bed and then again when I feel like I've been lying awake for a long time. It's usually at least 45 minutes, sometimes even longer, before I finally fall asleep.

Doctor: Okay.

Doctor: And then do you check the clock again during the night or do you tend to just...

Patient: Yes, I tend to check the clock when I wake up during the night as well. It helps me keep track of how much sleep I'm actually getting.

Doctor: And do you find that is that help you in the day to kind of know how much sleep you've got or what is helpful about tracking it?

Patient: I'm not sure if it helps, to be honest. I guess I'm just trying to understand my sleep patterns better. But it might be adding to my anxiety about not sleeping enough.

Doctor: Yeah.

Patient: But I'm not sure if it's actually helping me overall.

Doctor: And do you have any other ways of sort of looking at your sleep patterns? Have you tried any other kind of tracking options?

Patient: No, I haven't really tried other tracking methods. I've just been relying on checking the clock myself.

Doctor: And how long have you been doing that for?

Patient: I've been doing it for most of the 8 months since my sleep issues began. It's become a bit of a habit now.

Doctor: OK.

Doctor: So, it sounds like you've been really working hard on it, on this sleep, isn't it? Is this the first time that you've been to the GP?

Patient: Yes, it is. I thought it might just resolve on its own, but it hasn't, so I finally decided to seek help.

Doctor: Well, and I think you're right to seek help because sometimes these things they can get into a cycle as you were saying about a little bit about getting into a pattern or into a habit and sometimes those habits are helpful, and sometimes they're not helpful it sounds like maybe some of the things you're doing are not very helpful, I would say, I would have said that the caffeine.

Doctor: Reducing your caffeine intake is a really helpful thing to do. Is there anything else that you're doing in the day to help with your sleep?

Patient: I try to manage my stress levels and keep a consistent sleep schedule. I also try to get some exercise when I can, but it's not very regular. Maybe I could do more during the day to help, I'm not sure.

Doctor: 謝謝

Commented [SR4]: Again, this was another 'Hmm hmm'

Patient: But beyond that, I can't think of anything specific.

Doctor: Okay, and what are you doing to manage your stress levels? What does that involve?

Patient: I try to take short breaks during work, and I practice deep breathing exercises when I feel overwhelmed. I've also tried to set aside some time for relaxation in the evenings, but it's been challenging with everything on my mind.

Doctor: So you've set aside the time but you don't necessarily feel like it's actually relaxing, so what are you doing in that in that time when you're trying to relax?

Patient: I usually read a book or listen to calming music. Sometimes I try meditation as well. But it's difficult to switch off my thoughts about sleep, so the relaxation doesn't always work as I'd hope.

Doctor: Right, okay.

Doctor: And where are you when you're...

Doctor: doing, you know, practicing your relaxation.

Patient: I'm usually in the living room for that. I try to keep the bedroom just for sleeping, so I don't spend my relaxation time there.

Doctor: Okay.

Doctor: I'm just going to...

Doctor: I'll ask you something else now, something a little bit different that might...

Doctor: it might be something that you might need to go back to the GP for, but I'm just wondering about...

Doctor: your age, because I've got here that you're 45, is that right?

Patient: Yes, that's correct. I'm 45.

Doctor: OK.

Doctor: Good.

Patient: Yes, that's correct.

Doctor: And...

Doctor: What's your kind of menstruation?

Doctor: like at the moment.

Patient: I'm not entirely sure, but I think it's been fairly regular. I haven't noticed any significant changes.

Doctor: Okay so your menstruation is about the same as it always has been and have you noticed any other changes?

Doctor: apart from the sleep problems, whether it's to do with

Doctor: I mean, I noticed that you've had a thyroid function test, you know, presuming fatigue is an issue anyway, but any other kind of symptoms that you've noticed?

Patient: No, apart from the sleep problems, I haven't noticed any other significant changes or symptoms.

Doctor: Thanks.

Patient: I haven't noticed any other significant symptoms. The main issue has been the difficulty sleeping and feeling fatigued during the day.

Doctor: Okay.

Doctor: Okay, bye lady

Patient: Thank you, Doctor. Take care.

Feedback

Interpersonal Skills

- **Strengths:** You acknowledged the patient's struggle and worked to identify her frustrations. Statements such as "I can imagine" and "that's a really good idea there that you've had for yourself" showed an attempt at empathy and positive reinforcement.
- **Areas for Improvement:** Several responses were brief and did not fully explore the patient's feelings or concerns. The tone and pacing at times seemed abrupt (e.g., repeated use of "yeah," "hmm," and responses like "bye" not fitting the context), which could come across as dismissive or rushed. There was an opportunity to show deeper empathy and validate the impact on her daily life and emotions: for example, after she spoke about exhaustion and frustration, a statement such as, "That sounds incredibly tough, and I can see why this is affecting you so much," would have helped.
- **Jargon:** Your language was generally approachable, with little jargon, but further effort to match the patient's tone and to summarize or clarify thoughts more gently would enhance rapport.

Commented [SR5]: The model accurately retrieves examples from the user's conversation

Commented [SR6]: This is not accurate, and it is a consequence of the transcription errors above

History Taking

- **Strengths:** You collected information on the duration, onset, and some precipitating and perpetuating factors relating to the patient's insomnia. You used some open-ended questions (e.g., "what have you already tried?") and explored sleep environment and routines.
- **Areas for Improvement:** The consultation was somewhat unstructured and at times "dotted around," as you noted. Early conversation used closed questions, and opportunities to use open questions to invite fuller responses (especially at the start) were missed. Delving further into how insomnia affects work, relationships, and activities of daily living would provide a fuller picture. The patient's cues about anxiety and stress could have been explored more deeply.
- **Patient Cues:** Greater attention to following up on the patient's repeated mention of anxiety and its impact would enrich your understanding and show greater empathy.

Data Gathering

- **Strengths:** You screened for aspects of sleep hygiene (caffeine, screens, routines) and inquired about medical history (thyroid, menstruation, fatigue).
- **Areas for Improvement:** The discussion missed some important details:
 - **Sleep disorders:** Specific screening questions on snoring, witnessed apnoeas, restless legs, night terrors, or other parasomnias were not asked.
 - **Mental health:** Anxiety was mentioned but could be explored more thoroughly (e.g., screening for low mood, worries, or recent major life events).
 - **Substance use:** While caffeine was discussed, alcohol, other substances, and exercise were not inquired about in detail.
 - **Daytime function:** The impact on daily life, including concentration, accidents, or irritability, could be further explored.

Information Sharing

- **Strengths:** You occasionally validated the patient's efforts and provided positive feedback.
- **Areas for Improvement:** The consultation would benefit from a clear, concise summary at the end, checking the patient's understanding, and specifically inviting any further questions ("Is there anything else you'd like to talk about or ask me today?"). This helps ensure the patient leaves the consultation informed and reassured.

Commented [SR7]: The model helpfully models some of the questions that could have been included

Summary and Main Action Point

You have taken meaningful steps to explore your patient's insomnia and demonstrated some empathy and interest in her self-care efforts. To strengthen your communication, focus on providing structure to your consultations, using more open-ended questions early on, delving into patient concerns as they arise, and ensuring you comprehensively cover sleep-related and general health factors. Ending each consultation with a clear summary and invitation for questions would help the patient feel heard and empowered.

Main Action Point:

Practice opening with broad, open-ended questions and summarizing at the end, e.g., "Can you tell me more about how this has been affecting you day to day?" and "Just to summarize what I've heard so far..." This sets a compassionate tone and ensures a logical structure for the consultation.

Commented [SR8]: The model provides a useful summary of the feedback and distils it down to one main action point